

# APPENDIX

## APPENDIX A: GUIDELINES FOR APPROPRIATE AFFECTION

The Diocese of Hawai'i is committed to creating and promoting a positive, nurturing environment for our children's and youth ministries that protect our children and youth from abuse and our Church Personnel from misunderstandings. When creating safe boundaries for children and youth, it is important to establish what types of affection are appropriate and inappropriate, otherwise that decision is left to each individual. Stating which behaviors are appropriate and inappropriate allows Church Personnel to comfortably show positive affection in ministry, and yet identify individuals who are not maintaining safe boundaries with children or youth. These Guidelines are based, in large part, on avoiding behaviors known to be used by child molesters to groom children or youth and their parents for future abuse. The following guidelines are to be carefully followed by all Church Personnel working around or with children or youth.

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth.

Some POSITIVE and APPROPRIATE forms of affection are listed below:

- Brief hugs.
- Pats on the shoulder or back.
- Handshakes.
- "High-fives" and hand slapping.
- Verbal praise.
- Touching hands, faces, shoulders and arms of children or youth.
- Arms around shoulders.
- Holding hands while walking with small children.
- Sitting beside small children.
- Kneeling or bending down for hugs with small children.
- Holding hands during prayer.
- Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered INAPPROPRIATE with children and youth in ministry setting because many of them are the behaviors that child molesters use to groom children or youth and their parents for later molestation or can be, in and of themselves, sexual abuse.

- Inappropriate or lengthy embraces.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than for appropriate diapering or toileting of infants and toddlers.

- Showing affection in isolated areas such as bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth
- Touching knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You sure are developing," or "You look really hot in those jeans."
- Snapping bras or giving wedgies or similar touch of underwear whether or not it is covered by other clothing.
- Giving gifts or money to individual children or youth.
- Private meals with individual children or youth.

## APPENDIX B. CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern:

Date of occurrence:

Time of occurrence:

Type of Concern:

- Inappropriate behavior with a child or youth
- Policy violation with a child or youth
- Possible risk of abuse
- Other concern:

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating? Attach additional sheets if needed.

Submitted by: (Please print)

Telephone number:

Location and address:

Signature:

Date:

Reviewed by:

Once completed, please fax to the confidential fax line 808-538-7194

## **APPENDIX C: SAMPLE APPLICATION FORM, CODE OF CONDUCT, AND ACKNOWLEDGMENT, RELEASE AND SIGNATURE**

INSTRUCTIONS Please complete all of the questions accurately and fully. Attach additional sheets if needed.

Today's date:

### **PERSONAL DATA**

Name:

Street address:

City:

State: Zip:

How long at current address:

Home phone:

Work phone:

Best time to contact you:

Email address:

Driver license number: State

Social Security number:

Are you legally eligible to work in this country? [ ] Yes [ ] No

Note: If you are chosen for a paid position, you will be required to show documents verifying your employment eligibility and identity to complete the INS Form I-9 as required by the Immigration Reform and Control Act. Please list your addresses in the past five years:

For what position are you applying?

What interests you about the position for which you are currently applying?

What has prepared you for the position for which you are currently applying?

### **EMPLOYMENT HISTORY**

Please complete for your prior employers, covering the past TEN years.

#### **CURRENT EMPLOYER**

Company name:

Address:

City: State: Zip:

Immediate supervisor name:

Immediate supervisor phone number:  
Position held:  
Dates of employment: from to  
Reason for leaving position:

**PREVIOUS EMPLOYER**

Company name:  
Address  
City: State: Zip:  
Immediate supervisor name:  
Immediate supervisor phone number:  
Position held:  
Dates of employment: from to  
Reason for leaving position:

**PREVIOUS EMPLOYER**

Company name:  
Address  
City: State: Zip:  
Immediate supervisor name:  
Immediate supervisor phone number:  
Position held:  
Dates of employment: from to  
Reason for leaving position:

**PREVIOUS EMPLOYER**

Company name:  
Address  
City: State: Zip:  
Immediate supervisor name:  
Immediate supervisor phone number:  
Position held:  
Dates of employment: from to  
Reason for leaving position:

**PREVIOUS EMPLOYER**

Company name:  
Address  
City: State: Zip:  
Immediate supervisor name:  
Immediate supervisor phone number:  
Position held:  
Dates of employment: from to  
Reason for leaving position:

## **VOLUNTEER EXPERIENCE**

Include all experience working with children or youth

Organization:  
Duties:  
Dates: from to  
Contact:  
Phone:

Organization:  
Duties:  
Dates: from to  
Contact:  
Phone:

Organization:  
Duties:  
Dates: from to  
Contact:  
Phone:

Organization:  
Duties:  
Dates: from to  
Contact:  
Phone:

## **EDUCATIONAL HISTORY**

Name of school  
Address  
City State Zip  
Type of school  
Name of program or degree  
Program completed?

Name of School  
Address  
City State Zip  
Type of school  
Name of program or degree  
Program completed?

Name of school  
Address  
City State Zip

Type of school:  
Name of program or degree:  
Program completed?

### **PROFESSIONAL/CIVIC REFERENCES**

Name:  
Address  
City State Zip  
Daytime phone:  
How long have you known this person?  
Relationship to you:

Name:  
Address:  
City State Zip  
Daytime phone:  
How long have you known this person?  
Relationship to you:

### **PERSONAL REFERENCES**

Name:  
Address  
City State Zip  
Daytime phone: Evening:  
How long have you known this person?  
Relationship to you:

Name:  
Address  
City State Zip  
Daytime phone: Evening:  
How long have you known this person?  
Relationship to you:

### **FAMILY REFERENCES**

Name:  
Address:  
City State Zip

Daytime phone: Evening:  
How long have you known this person?  
Relationship to you:

Have you ever been accused of physically, sexually or emotionally abusing  
a child or an adult?

Yes  No

If yes, please explain.

## **CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH**

Read and initial each item to signify your agreement to comply with the statement.

I agree to do my best to prevent abuse and neglect among children and youth involved in church activities and services.

I agree not to physically, sexually or emotionally abuse or neglect a child or youth.

I agree to comply with the policies for **GENERAL CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH** defined in the Policies for the Protection of Children and Youth from Abuse.

I agree to comply with the **GUIDELINES FOR APPROPRIATE AFFECTION** with children and youth.

In the event that I observe any inappropriate behaviors or possible policy violations with children or youth, I agree to immediately report my observations.

I acknowledge my obligation and responsibility to protect children and youth and agree to report known or suspected abuse of children or youth to appropriate church leaders and state authorities in accordance with the **POLICIES FOR THE PROTECTION OF CHILDREN AND YOUTH FROM ABUSE**.

I understand that the church will not tolerate abuse of children and youth and I agree to comply in spirit and in action with this position.

### **ACKNOWLEDGMENT, RELEASE AND SIGNATURE**

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen.

I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize The Episcopal Diocese of Hawai'i to request and receive such information.

If hired or chosen, I agree to be bound by The Episcopal Diocese of Hawai`i policies and procedures, including but not limited to its POLICIES FOR THE PROTECTION OF CHILDREN AND YOUTH FROM ABUSE and CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH. I understand that these may be changed, withdrawn, added to or interpreted at any time at The Episcopal Diocese of Hawai`i sole discretion and without prior notice to me.

I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of The Episcopal Diocese of Hawai`i or myself.

Nothing contained in this application or in any pre-employment or prevolunteering communication is intended to or creates a contract between myself and The Episcopal Diocese of Hawai`i for either employment, volunteering or the providing of any benefit.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS.

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Signature

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Date