FOUNTAINGATE CHRISTIAN ASSEMBLY

CHRISTIAN EDUCATION MINISTRY LEADER SCOPE OF MINISTRY

Purpose: To offer guidelines for recruitment of a C.E. Ministry Leader; to help them understand the expectations placed upon them; to define lines of authority; and to serve as a measurement for evaluation purposes.

A. TIME REQUIRED: Two to three hours per week for a minimum of one year.

B. QUALIFICATIONS: Possessing people-skills with adults, teenagers and children; organized, self-disciplined and having leadership qualities.

C. SPECIFIC RESPONSIBILITIES:

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1. Commune with the Lord.

2. Answer directly to the Board of Directors.

3. To regularly attend church services so you also can be instilled with God's Word.

4. To help plan training seminars; conventions and workshops related to C.E. To attend conventions or training seminars that would be appropriate for C.E. Ministry Leaders.

5. To be throughly familiar with the C.E. Department's policies, aims and objectives.

6. To understand the general organization and administration of the C.E. department.

7. To ensure that every classroom is adequately supplied with good equipment.

8. To oversee any needs for correction because of words or actions of any pupil or teacher.

9. To be involved in any special events hosted by the C.E. Department (i.e. - Worker's Appreciation BBQ's; C.E. musical programs; outings etc.).

10. To review and make recommendations of curriculum; to oversee the distribution of finances with the C.E. Department; to oversee the placement of teachers and teacher's assistants; to oversee the follow-up program.

FOUNTAINGATE CHRISTIAN ASSEMBLY GUIDELINES FOR OUTINGS

Due to the fact that outings are organized throughout the year it is important that we set forth a number of guidelines to better serve those involved. The following list has been made to ensure that everyone is treated equally and Christlike.

1. A Planning Sheet needs to be completed for every outing and handed to the Senior Pastor. Make sure each event is well-publicized by communicating with the church secretary (submitting calendar/bulletin announcements).

2. Forms should be completed well in advance with an area for the parent/guardian to sign and thereby grant permission for their child.

3. Total costs need to be stipulated and explained (i.e. ticket prices, transportation, food, rentals, etc.)

4. The time and location for departure and return needs to be made specific. Parents need to be informed if their children will be given a ride to their homes upon returning. No rides will be granted to locations other than what had been originally agreed to.

5. Insurance costs for cross-border events are the responsibility of the individuals participating NOT the church. Passports are required for US functions for those who are 16 years or older.

6. At no time are false statements to be made about age (etc.) in order to reduce admission or rental costs.

7. Anyone who benefits from fund raising will also be required to do their part in the raising of those funds. No one will be sponsored for more than one event per year. An accurate record of all benevolent giving is to be kept.

8. A cut off date will be set for all pre-payments. No exceptions will be allowed unless there are extenuating circumstances.

9. Certain outings will be organized with the intent of bringing visitors and friends.

10. Transportation needs to be arranged well in advance and fine tuned as the cut-off date approaches. No one will be guaranteed transportation after the cut-off date. A sign up sheet needs to be made to serve those on a "first come first serve basis."

11. Everyone attending an outing will be expected to act in a manner appropriate for a Christian function.

FOUNTAINGATE CHRISTIAN ASSEMBLY CHECK OFF LIST FOR OUTINGS

- \square Ensure that the date, place and times are correct
- Notify the Clerical & Financial Director (so the church calendar and finances will be in order)
- Make sure a map is made for all drivers and that they understand the meeting and drop off points. Have them fill up their gas tanks before going and refill when they return. They will be reimbursed for all costs
- Ensure that all Waiver & Medical release forms are signed and returned by the cut off date. (Passports are required for US functions for those 16+).
- □ Ensure that all money is paid by cut-off date
- \square See that any benevolence is recorded
- Ensure that only those who are on the approved list of drivers/adult chaperones are involved. These will need to have an R.C.M.P. Criminal Reference Check completed along with the normal interview procedure as detailed in the Church policy "Plan to Protect."
- \square Make up an information sheet for those interested with
 - 1). Name of Event 2). Location 3). Cost
 - 4). Starting Time/Ending Time 5). Meeting & Drop off Points

6). What to Bring (lunch, clothing). 7). Contact name & number at place of Event 8). Fountaingate's Co-ordinator (name & number).

- A Planning Sheet for Social Events Ministry needs to be made for the Church Office.
- Have an envelop containing all the signed Waiver & Medical Release Forms. Include the church's accident/emergency procedure. As well as the Guidelines for Outings.
- □ Bring a First-Aid Kit to the event.

FOUNTAINGATE CHRISTIAN ASSEMBLY EMERGENCY/ACCIDENT PROCEDURE

- Ensure that first-aid is promptly/properly administered by a qualified adult (Adult Representative of Fountaingate Christian Assembly or one who has been trained in St. John's Ambulance First Aid Course). Check to see if there are any allergies, medication or other concerns which would affect any medical procedures.
- \Box Call for an ambulance immediately, if required (911).
- \square Contact parents/guardian and pastor to
 - 1. Explain details of what and how it happened
 - 2. When it happened
 - 3. Where it happened
 - 4. What is going to be done. Give information on the hospital as required.

5. If parent cannot be contacted call emergency contact listed on the Waiver & Medical Release Form

- If neither the parent/guardian or emergency contact can be reached, mark down the times when the calls were made and keep trying.
- Appoint a responsible adult to be in charge at the outing/event (leave with them with the envelop of all other Waiver and Release Forms) and go with the injured person to the hospital along with their Waiver/Medical Release Form.
- If the injury requires a medical procedure that must have approval of the parent/guardian, notify them immediately. If they cannot be contacted, the Waiver should be shown to the medical doctor and a decision made accordingly.
- At no time is a non-adult (non-approved supervisor) to make decisions involving medical emergencies.

WAIVER & MEDICAL RELEASE FORM FIELD TRIPS AND SPECIAL EVENTS

Activity:	Date of Event:
Name of Child/Youth or Adult Chaperone:	
Address:	Postal Code:
Phone:Emergency Contact & Phone	e Number
Does your youth have any severe allergies? (bee stings, food, penic	illin, other drugs) YESNO
If yes, please explain:	
Does your youth have any life-threatening allergies? YES	NO
If yes, please explain:	
Is your youth bringing any medication with him or her? (Antibiotics	s, ventilator, Ritalin) YES NO
If yes, please explain:	
Does your youth have any physical, emotional, mental or behavioral aware of? YES NO	concerns or limitations that our staff should be
If yes, please explain:	
Precautions are taken for the safety and health of your youth, but in Christian Assembly, its staff, and its volunteers are hereby released requires special medication, x-rays or treatment, the parents/guardia contacted the emergency contact will be called. In the event that nei- give permission by your signature below for the adult representative co-operation with the doctor to make any medical decisions that are	from any liability. In the event that your youth ns will be notified immediately. If you cannot be ther can be contacted, you as the parent/guardian of Fountaingate Christian Assembly to work in
Your youth must be covered by the Provincial Health Insurance or a <u>a group Medical Insurance for travel both in Canada & the USA at</u> Your OHIP (or your child's OHIP) needs to be given to the Social E Assembly which will be returned after the event.	a nominal cost for each one attending at your cost.
Provincial Health Insurance Number:	
Out of Country Coverage (if reqd.) if supplying your own	
Name of Family Physician: P	hysician's Phone Number:
Parent/Guardian's or Chaperone's Signature:	Date:
Fountaingate Christian Assembly Children's/Youth Ministries	

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