



FOUNTAINGATE CHRISTIAN ASSEMBLY
YOUTH MINISTRY LEADER SCOPE OF MINISTRY

Purpose: To provide a Christ-like environment for teenagers that will aid in their spiritual and personal development.

A. TIME REQUIRED: About 1 - 3 hours per week for a minimum of one year.

B. QUALIFICATIONS: Honest, caring and sensitive to the changing needs of youth and their families. One who is organized, self-disciplined and possessing leadership qualities.

C. SPECIFIC RESPONSIBILITIES:

1. Commune with the Lord.
2. Answer directly to the Board of Directors.
3. To co-ordinate all functions in co-operation with the Youth Executive.
4. Ensure that each event is well-publicized by communicating with the Clerical Director (submitting calendar/bulletin announcements) and by informing the public through whatever means is appropriate and affordable. To co-ordinate fund raisers as required. To make final decisions on who will receive financial help for outings/events. To keep an accurate record of all benevolent giving. To keep an accurate record of events on a planning sheet and submit a copy to the Senior Pastor.
5. To follow-up on absentees and prospective new youth members.
6. Provide spiritual growth opportunities through retreats, camps, and other special events.
7. To ensure that accurate minutes are written and maintained for future planning. Also ensure that the Senior Pastor receives any minutes of executive meetings.
8. Train and develop other workers to become leaders.
9. To be directly involved in the final decisions for use of accepted curriculum and ensure that it is followed by teachers to prevent unscriptural teaching.
10. Set a high example for the youth to follow. To be directly involved in any disciplinary problems which may arise from time to time.

PLANNING SHEET FOR YOUTH MINISTRY

Name of Event: _____

Person in Charge: _____

Place: _____

Meeting Place to Start: _____

Meeting Place to Finish: _____

Date: _____ Starting Time: _____ Finishing Time: _____

Number of People expected to attend: _____

PROGRAM OF SCHEDULE OF EVENT

Time	Event	Person in Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Person in charge of:

Contacted:

Advertisement _____

Getting Supplies _____

Set up/Clean up _____

Devotional _____

Special Music _____

Cost per person _____

Transportation _____

What alternatives are planned in case of poor weather?

Please give a copy to the Pastor and Youth Ministry Leader!!!!!!

FOUNTAINGATE CHRISTIAN ASSEMBLY GUIDELINES FOR OUTINGS

Due to the fact that a number of outings are organized during the year it is important that we set forth a number of guidelines to better serve the church. 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 Clerical Director (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.
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

- Ensure that the date, place and times are correct
- Notify the Clerical/Financial Director (so 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.
- Ensure that all money is paid by cut-off date
- 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."
- 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.
- - Call for an ambulance immediately, if required (911).
- - 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 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: _____ Birth Date: _____

Address: _____ Postal Code: _____

Phone: _____ **Emergency Contact & Phone Number** _____

Does your youth have any severe allergies? (bee stings, food, penicillin, other drugs) YES _____ NO _____

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, ventilator, Ritalin) YES _____ NO _____

If yes, please explain: _____

Does your youth have any physical, emotional, mental or behavioral concerns or limitations that our chaperones should be aware of? YES _____ NO _____

If yes, please explain: _____

Precautions are taken for the safety and health of your youth, but in the event of accident or sickness, Fountaingate Christian Assembly, its staff, and its volunteers are hereby released from any liability. In the event that your youth requires special medication, x-rays or treatment, the parents/guardians will be notified immediately. If you cannot be contacted the emergency contact will be called. In the event that neither can be contacted, you as the parent/guardian give permission by your signature below for the adult representative of Fountaingate Christian Assembly to work in co-operation with the doctor to make any medical decisions that are deemed necessary for your youth.

Your youth must be covered by the Provincial Health Insurance or an equivalent Medical Insurance. We are purchasing a group Medical Insurance for travel both in the USA at a nominal cost for each one attending. Their OHIP needs to be given to the Youth Ministry Leader of Fountaingate Christian Assembly which will be returned after the event.

Provincial Health Insurance Number: _____

Out of Country Coverage (if reqd.) if supplying your own: _____

Name of Family Physician: _____ **Physician's Phone Number:** _____

Parent/Guardian's or Chaperone's Signature: _____ **Date:** _____

**Fountaingate Christian Assembly
Children's/Youth Ministries**

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