Better Health

Child Protection Policy

Effective Date: 1/23/19

**Policy:** Screening requirements will be completed prior to allowing staff and volunteers to engage with youth, and Better Health maintains the following expectations for behavior and reporting during youth programs.

**Purpose:** To establish requirements and guidelines for volunteers and staff regularly interacting with children.

**Procedures:**

1. All individuals who seek to volunteer with the children and/or youth will have a satisfactory background check completed prior to interacting with children through Better Health programs.
   1. Any person convicted of sexual abuse will not be approved as a child/youth volunteer.

2. Smoking or using tobacco products in the presence of minors is prohibited.

3. Use of profanity in the presence of minors is prohibited.

4. Using, possessing, or being under the influence of alcohol or illegal drugs will not be tolerated.

5. Staff and volunteers must immediately report to a supervising staff member any indications of sexual activity, sexual advances, infliction of physical abuse or bodily injury to a minor, bullying or other inappropriate behavior whether verbal or physical.

6. Staff and volunteers should always portray a positive role model for minors by maintaining an attitude of respect, patience, and encouragement, and should show support for the program principals while at youth activities (such as being active and choosing healthy snacks).

7. Discipline is not the responsibility of Better Health staff or volunteers. If a behavior problem arises, notify the child’s parent, or if at a school/daycare setting, their teacher, and allow them to handle the situation accordingly.

8. Staff and volunteers should attempt to avoid being alone with a child. In the event that is not possible, the door should remain open. Parents should always be on site for the Fayetteville Fit program, though they may be in a different space on site.

9. I understand that any violation of this policy may be grounds for removal as a staff member or volunteer.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: 1/23/19