VI. Trip and Retreat Supervision

Every effort will be made to have 3 adults but there must be at least 2 adults present for all trips, retreats and other times children/youth gather at or away from the church building so that in the event of an emergency there will be adequate supervision.

There must be a least 1 adult of each gender at co-ed overnight events. Permission slips, including permission for emergency medical care, shall be carried by the person in charge of each trip or retreat. (See Appendix)

Policy for providing transportation for church events:

- Driver must be known to the designated leader of the event
- Driver must be a minimum of 23 years old, have a valid state driver’s license, and proof of insurance
- Driver must be accompanied by at least 2 children or youth to avoid unsupervised “one-on-one” time
- Driver must have gone through the Safe Sanctuaries training or have read and signed an Acknowledgement Form indicating that the policy has been read and will be followed
MENTOR UNITED METHODIST CHURCH
Acknowledgment by Persons Designated to Provide Transportation To or From Church Events

Are you at least 23 years old? ( ) Yes ( ) No

Do you have a valid driver's license? ( ) Yes ( ) No

Do you have any driving infractions? ( ) Yes ( ) No

If yes, please explain: ______________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Do you have current automobile insurance? ( ) Yes ( ) No

As required by Mentor United Methodist Church Child Protection Policy and Safe Sanctuaries Policy, I acknowledge that I have read and will abide by Section VI of said policy.

__________________________________________________________________________  __________

Signature of driver                        Date

Print the following:

Full name______________________________________________________________

Address________________________________________________________________

Phone numbers________________________________________________________