

MERCI
UMCOR Advance Special # S00136
Footprints Summer Youth Camp
676 Community Drive, Goldsboro, North Carolina 27530
(888) / 440-9167 or (919) / 739-9167 FAX: (919)/739-9124
E-mail: merci@nccumc.org Web Site: www.merciumc.org

Dear Volunteers:

This ORIENTATION PACKET has the information requested for work teams. Please read it carefully.

Page

1. **Cover Page – THIS PAGE**

2. **A Covenant for Success**

3. **Optional Insurance through UMVIM**

THE FOLLOWING FORMS ARE SINGLE SHEETS THAT NEED TO BE FILLED OUT:

4. **Liability Release Form for Youth** – Each young person must complete the form. Take the forms with you to your assigned destination and give them to the director.

5. **Adult Participant Liability Release Form** – Each adult must complete this form and bring to MERCI.

6. **Individual Skills Survey Sheet** – Needs to be mailed to the MERCI Office 2 months prior to departure.

7. **Medical Information** – Each person must complete the form. Take the forms with you to your assigned destination and give them to the director.

8. **Liability Release Form for Youth Group Leaders** – It is assumed that each church has its own Youth Liability Release Form that the youth leader would collect and keep at the church. This form that covers all the youth should be given to the director at your assigned destination.

9. **Medical Release Form for Minors** – This needs to be notarized.

10. **General Safety Rules**

11. **Safety Checklists**

12. **Volunteer Supply List and First Aid Kit**

13. **Evaluation Sheet** – Please fill this out the last evening of your workweek and give it to the director.

14. **Checklist Two Weeks before Departure**

15. **Safe Sanctuary Policy**

PLEASE NOTE: ALL YOUTH MUST BE 13 YEARS OLD OR OLDER.

CONCERNING HOUSING and FOOD: Registration is two hundred fifty dollars (\$250) per week per person. A deposit of \$25 per person is due to MERCI ten day from booking date. **Balance is due no later than four (4) weeks prior to team's arrival. No refunds after May 15, 2009.** All teams are responsible for purchasing and preparing their own food except for two dinner meals, one at a neighboring church and one hosted by MERCI.

We ask that teams bring at least one person with carpentry skills for every five unskilled workers and one adult for each every four persons.

Project expenses are included in registration fees. Additional donations of material or money would be appreciated. You may make the check payable to the: **MERCI Please mail it to: MERCI, 676 Community Drive, Goldsboro, North Carolina 27530.**

United Methodist Churches will be your Prayer Support, praying for you daily as you prepare your team for the tasks ahead. May God bless you all as you continue to serve Him by helping others.

Sincerely,
Ann Huffman, Coordinator

**North Carolina Conference
United Methodist Church
MERCY
676 Community Drive, Goldsboro, North Carolina 27530
888 / 440-9167 or 919 / 739-9167**

A COVENANT FOR SUCCESS

We are privileged to have the opportunity to serve our great God by being volunteers in mission. Our primary purpose as volunteers is to radiate the love of Jesus Christ. We are to invest ourselves in the mission and honor God in all we do.

We will need to be flexible, adaptable, sensitive, and patient. There will be times when we may want to hurry and get things done but delays happen. We will make the best of the quiet time to rest, get acquainted, and play with the children.

Cooperation is the key. We will need to cooperate with many, varied persons and conditions...Smile: a happy, positive attitude will go a long way, especially on hot muggy days.

On-Site Guidelines:

No alcohol, tobacco, drugs, or illegal substances.

Refer to leader any changes, suggestions, or concerns.

Work to acceptable standards. Do the best you can - if not better!!!!

Ask questions if you don't know how to do a task or what to do next. Remember there is no such thing as a dumb question.

Don't assume you know the entire building plan. Ask before you start a new project.

Wear modest clothing—shoulders covered and loose fitting shorts that are long enough — sensible, safe enclosed shoes on worksite.

Use sunscreen lotion or oil for outside work or play.

Foul or undesirable language is not permitted.

Keep workspace and living space neat and clean.

Don't criticize, gossip, or start rumors.

BE CAREFUL WHEN OUT AND ABOUT IN THE EVENING... USE THE BUDDY OR TRIAD SYSTEM.

HAVE FUN AND SPREAD THE WORD.

UNITED METHODIST VOLUNTEERS IN MISSION

SOUTHEASTERN JURISDICTION OFFICE OF COORDINATION

315 West Ponce de Leon Avenue #750
umc
Decatur, Georgia 30030
cov.pdf
(404) 377-7424 FAX (404) 377-8182

email: sejinfo@umvim.org -

[http://www.umvim.org/ins-](http://www.umvim.org/ins-cov.pdf)

Due 2 weeks before trip

INSURANCE COVERAGE

Insurance coverage is optional. If team members feel they are fully covered by their own insurance policy, this additional coverage is not necessary.

For further information, please contact the UMVIM office listed above to implement your policy and obtain rates.

INSURANCE MUST BE SENT IN TWO (2) WEEKS BEFORE TRIP.

North Carolina Conference

United Methodist Church
MERCI
676 Community Drive, Goldsboro, North Carolina
888 / 440-9167 or 919 / 739-9167

Liability Release Form for Youth

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with The United Methodist Church North Carolina Conference Disaster Response.

I, _____ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair or replace homes.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by Hurricane/flood disaster or are receiving assistance to repair or replace substandard housing or working in a warehouse environment. I assume all risk and responsibility for any damage or injury to my property or any personal injury which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising organization arranges accommodations, I understand that they are not responsible for or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release from liability, discharge, indemnify and forever hold The United Methodist Church North Carolina Conference, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

Signature of Parent/Guardian _____

Signature of Youth _____ Date _____

Address _____

Person to contact in case of emergency _____

Phone _____ Witness _____

**North Carolina Conference
United Methodist Church
MERCY**
676 Community Drive, Goldsboro, North Carolina 27530
888 / 440-9167 or 919 / 739-9167

ADULT PARTICIPANT LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with The United Methodist Church North Carolina Conference Disaster Recovery.

I, _____ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair disaster or replace homes.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by Hurricane/flood disaster or are receiving assistance to repair or replace substandard housing or working in a warehouse environment. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising organization arranges accommodations, I understand that they are not responsible for or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release from liability, discharge, indemnify and forever hold The United Methodist Church North Carolina Conference, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

SIGNATURE _____ **DATE** _____

DATES of WORK TEAM or DATES COVERED by THIS LIABILITY FORM _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PERSON to CONTACT in CASE of EMERGENCY _____

PHONE _____ **WITNESS** _____

ORGANIZATION OR CHURCH NAME _____

**North Carolina Conference
United Methodist Church
MERCY**
676 Community Drive, Goldsboro, North Carolina 27530
888 / 440-9167 or 919 / 739-9167

INDIVIDUAL SKILLS SURVEY SHEET

Team Leader _____
 Name of Sponsoring Church or Group _____
 Work Week _____
 Name _____ Adult _____ Youth _____
 Address _____
 City _____ State _____ Zip _____
 Phone (Home) _____ Phone (Work) _____
 Email Address _____

Please use the terms below to describe your area and level of skill. Each person should fill out this form. The team leader should then return the forms to the above address two months prior to the team's arrival. The more we know about your team, the more effectively your talents can be used in the rebuilding effort. (Ex. Painter – B)

Construction Skill Areas

General Contractor (Specify) _____
 Window installer _____
 Door installer _____
 experience _____
 Electrician _____
 Engineer _____
 Painter _____
 Roofer _____
 Plumber _____
 Drywall (hanging, finishing) _____
 Carpenter (interior, framing, exterior) _____
 Mason (tile setter, block layer, plasterer) _____
 Heating/Air Conditioning _____
 Insulation _____
 Kitchen Cabinets _____
 General Helper _____
 Other – Be Specific _____

Construction Skill Levels

- A - Willing Helper
- B - Do-It-Yourself
- C - Extensive handy person, no trade
- D - Worked trade previously
- E - Working trade currently as helper, apprentice, journey
- F - Licensed

HUMAN SERVICE SKILL LEVELS

Counseling _____
 Crisis intervention _____
 Casework _____
 Program Planning _____
 Youth Work _____
 Elderly Outreach _____
 Other – Be Specific _____

HUMAN SERVICE SKILL AREAS

- A. - Willing Helper
- B. - Volunteer
 - Training _____
 - Experience _____
 - In what areas _____
- C. - Professional
 - Training _____
 - Education _____
 - Employment _____

North Carolina Conference
United Methodist Church
MERCI
MEDICAL INFORMATION
FOR INDIVIDUAL VOLUNTEERS
(Every Volunteer Needs to Fill Out This Form)

Please complete the following and give to mission leader. MISSION TEAM LEADER SHOULD RETAIN THIS FORM ON SITE TO USE IN CASE OF EMERGENCY.

Name _____

—

1. Blood type _____

2. Information about any prescriptions I use:

3. I am allergic to: _____

4. Name of contact person _____

a. Street Address _____

b. City _____ State _____ Zip _____

c. Phone (work) _____ (Home) _____

d. Relationship to volunteer _____

5. My health insurance company is _____

a. Policy number _____

6. Physical limitations or concerns:

7. I am diabetic: Yes _____ No _____

8. I have a history of seizures: Yes _____ No _____

9. Please provide other helpful health information:

10. I consider myself healthy enough to fulfill my responsibilities on the mission team. Yes ____ No ____

Signature of Volunteer

**North Carolina Conference
United Methodist Church
MERCİ**

**676 Community Drive, Goldsboro, North Carolina 27530
888 / 440-9167 or 919 / 739-9167**

Liability Release Form for Youth Group Leaders

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with The United Methodist Church North Carolina Conference Disaster Response.

I, _____ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair or replace homes.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by Hurricane/flood disaster or are receiving assistance to repair or replace substandard housing or working in a warehouse environment. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event of minors in my group, I certify that I have the appropriate parental release forms necessary to allow me to act in their behalf and, by my signature on the agreement, I certify that those in my care will be bound by the same terms and conditions. I understand that it is my responsibility and not of the supervising agency to verify these items.

In the event that my supervising organization arranges accommodations, I understand that they are not responsible for or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release from liability, discharge, indemnify and forever hold The United Methodist Church North Carolina Conference, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

Signature _____ Date _____

Address _____

Person to contact in case of emergency _____

Phone _____ Witness _____

**North Carolina Conference
United Methodist Church
MERC
676 Community Drive, Goldsboro, North Carolina
888 / 440-9167 or 919 / 739-9167**

MEDICAL RELEASE FORM FOR MINORS

Participant Information

Date/Destination of Trip _____

Team
Leader _____

Minor's Name _____ Date of Birth _____

Emergency Name and Phone number to Notify _____

Insurance Carrier _____ Policy Number _____

Allergies and
Medications _____

Permission to give Tylenol (Yes/No) _____ Other medication (Be specific) _____

Describe Medical
Conditions/Limitations _____

Signature of Minor _____ Date _____ Name of Guardian on Trip (need picture ID) _____

PARENT OR GUARDIAN AUTHORIZATION

I, _____, authorize _____
(Parent or Guardian) (Guardian on Trip)
to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above.

(Signature of Parent or Guardian) _____ Date _____

NOTARIZATION OF PARENT OR GUARDIAN AUTHORIZATION

On this _____ (day) of _____, Year _____. Before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the free act and deed thereof.

Notary of Public
State of _____ County of _____

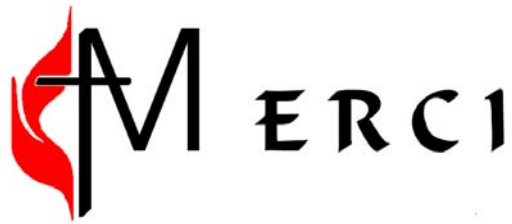
My commission expires _____



676 Community Dr
Goldsboro, NC 27530
888-440-9167
merci@nccumc.org

General Safety Rules

- Keep the work area clear of clutter.
- Keep work area well-lighted.
- Maintain and keep tools sharpened, oiled and stored in a safe, dry place.
- Wear ear and eye protection when cutting, sawing, drilling, or grinding.
- Supervisor should instruct everyone using equipment on safe procedures before he/she uses them.
- Inspect tools, cords, and accessories regularly.
- Repair or replace problem equipment immediately.
- Use three-prong (3) electric plugs, double insulated tools, and safety switches.
- Machine guards must be in place and not removed.
- Install and repair equipment only if you are qualified.
- Use the right tool for the job: for instance, do not use a screwdriver as a hammer.
- Carry a sharp tool pointed downward or place in tool belt or tool box.
- Protect a sharp blade with a shield.
- Store tools in drawers or chests with cutting edge down.
- Do not wear jewelry or loose clothing, when using power tools or operating any equipment.
- Use safety glasses, dust masks, hardhats, etc., as needed.
- All hand-held power-driven tools must be equipped with “dead-man” control, so power will automatically be cut off upon release of the control by the operator.
- Never leave a running tool unattended.
- Train all workers in the proper use of hand and power tools.
- Tools of a non-sparking material must be used if fire or explosion hazards exist.
- All fuel-operated tools shall be stopped and allowed to cool prior to being refueled, serviced, or maintained and proper venting exercised when used in enclosed spaces.
- Power-grinding machines shall have proper grounding. Work rests must be kept at a distance not to exceed 1/8 inch from the wheel surface.
- All persons using abrasive wheels shall use approved eye-protective devices.
- Avoid repetitive motion, hold tools in neutral position.



Safety Checklists

Over a third of the workers injured at work are new employees; people who've been on the job less than one year. The time to start developing good habits is right now, right here. Please, pay attention to these safety instructions and commit them to memory. These safety habits you are learning will last a lifetime. Don't spend your volunteer work trip in a hospital bed. Use it to help families. Here's a checklist you can use every time you get ready to work. These simple safety precautions should soon become second nature to you, but until then, keep this checklist as a reference and refer to it before starting any job.

THIS CHECKLIST IS NOT COMPLETE. YOUR TEAM LEADER MAY WANT TO ADD MORE TO IT.

Personal Checklist

- Are your safety glasses on?
- Do you need ear protectors?
- Do you need a respirator?
- Have you changed your loose, baggy clothing or is it securely fastened?
- Have you removed any rings, chains, and other jewelry?
- Are you well rested and alert?
- Have you properly thought out the job you're about to do?
- Do you need helpers?
- Will you be working in a hazardous area that requires any special precautions?

Shop Checklist

- Do you know the location of the:
 - Safety cut-off buttons?
 - Fire extinguisher?
 - First aid area?
 - Emergency eye wash?
 - Emergency shower?
- Do you know what kind of fire each extinguisher is used for?
- Is your work area properly lighted?
- Is your machine properly adjusted and in working condition?
- Are all the safety guards in place?
- Is everything properly clamped?
- Is your work area clear and uncrowded?

MERC1

676 Community Drive, Goldsboro, North Carolina 27530

888-440-9167

919-739-9167

**North Carolina Conference
United Methodist Church
MERCY Warehouse
676 Community Drive, Goldsboro, North Carolina 27530
888 / 440-9167 or 919 / 739-9167**

Volunteer Information

What You Need to Bring

- | | |
|--|---|
| Old work clothing (long pants) | Sleeping bag / twin sheets / pillow/blanket (if winter) |
| Long sleeved shirts / blouses | Water bottle / jug / cooler |
| Cotton and plastic work gloves | Changes of clothing for after work |
| Disposable face masks | First aid supplies (See First Aid Kit List below) |
| Safety goggles (may be a team item) | Medical releases |
| Personal hygiene items | Use-of-equipment releases |
| Towels and washcloths | Name tags durable enough for the work site |
| Heavy work shoes / boots | Insect Repellent |
| Any personal hand tools you like using | Gel Hand Sanitizer |

First Aid Kit

<u>Item and Minimum size or Volume</u>	<u>Minimum Quantity</u>
Absorbent Compress, 32 sq. in. (No side smaller than 4")	1
Adhesive Bandages, 1" x 3"	16
Adhesive Tape, 5 yd.	1
Antiseptic, .5 g application	10
Burn Treatment, .5g application	6
Medical Exam Gloves	2 pr.
Sterile Pads, 3" x 3"	4
Triangular bandage, 40" x 40" x 56"	1

**North Carolina Conference
United Methodist Church
MERCİ Warehouse**

Please fill out this Evaluation Form the last evening of your workweek and give it to the Regional Coordinator.

EVALUATION

Name of TEAM LEADER _____

Name of ORGANIZATION _____

Regional Recovery Area Served _____ Dates Served _____

1. What motivated you or your team to become involved with this project?
2. Were your objectives for this mission met?
3. How was your reception when you arrived to work?
4. Did you have adequate advance information about the project?
5. Did you get an adequate orientation to your work site?
6. Did you complete today's /the week's task? Y_____ N_____
7. If NO, what is left?
8. Was special equipment available if needed? If no, what was needed?
9. Did you have any problems? Y_____ N_____
10. If YES, what were they and how can we improve on the situation?
11. Did you have adequate housing? Y_____ N_____
12. What could we do to improve your team's or another team's experience with us?
13. Please comment on the following:
 - A. The most important part of the week was:
 - B. Additional comments which you believe will be helpful to us:

**North Carolina Conference
United Methodist Church
MERCY Warehouse**
676 Community Drive, Goldsboro, North Carolina 27530
888 / 440-9167 or 919 / 739-9167

CHECKLIST TWO WEEKS BEFORE DEPARTURE

- _____ 1. Have you collected the Liability Release Forms to be given to the person in charge at the worksite?
- _____ 2. Has each team member read the Covenant?
- _____ 3. Have you filled out the Medical Information Sheet to bring with you?
- _____ 4. Do you have Medical Releases for Minors to bring?
- _____ 5. Have you mailed the skills survey sheets to the Disaster Recovery office?
- _____ 6. Do team members have adequate clothing and tools?
- _____ 7. With youth (minimum age 16 years), do you have enough adults (1 adult per 4 or 5 youth)?
- _____ 8. Do you have a water jug and a first aid kit for each vehicle?
- _____ 9. Does someone at home know the emergency telephone number?
- _____ 10. Do you know how to get to your place of lodging?
- _____ 11. What is your time of arrival? Do you know whom to telephone about one/half hour ahead of arrival?
- _____ 12. Do you have adequate money for your trip—for gas, food, and emergencies?
- _____ 13. Have you made name tags to use on the work site?
- _____ 14. Have you prepared your team to be flexible to changes in work assignments, realizing that not all work is fun?
- _____ 15. If you are being housed in a church, home, mobile home, or other facility don't forget the accommodation fee.
- _____ 16. Are you planning outings for which you need advance tickets? Have you ordered these?
- _____ 17. Are you preparing your team members to have broad expectations for the trip? Will they be a witness to Jesus Christ and recognize the people they meet as Children of God?
- _____ 18. Who is your construction supervisor? Have you planned with him about how the team will be divided for work once the assignments are made?
- _____ 19. Have you asked a team member to be the photographer and another member to be the journalist?

MERCI

Safe Sanctuary Policy for Ministry with Children and Youth

The Marion Edwards Recovery Center Initiatives (MERCI) of the North Carolina Conference United Methodist Church is committed to providing a safe, secure environment for all children, youth and volunteers who participate in ministries and activities sponsored by our ministry. The following policies and procedures reflect our commitment to maintain our facilities as places of safety and protection for all.

The Following policies and procedures govern all volunteers and paid staff that work with children and/or youth.

1. The “Two Adult Rule”: No fewer than two volunteers and/or paid staff should be present at all times during any MERCI-sponsored program, event, or ministry involving children and/or youth. Risk will be reduced even more if the two adults are not related. In the event of a shortage of adults, a “roamer” may be assigned to drop in where children and/or youth are gathered.
2. First Aid/CPR Training: All long-term volunteers and paid staff will be provided with first aid and CPR training, as required. At all children and youth events, at least one of the adults present will have been trained.
3. Annual Orientation for long-term volunteers and paid staff: All workers with children and/or youth will be required to attend an orientation session in which they are informed of the following:
 - MERCI’s policies for the prevention of child abuse
 - The procedures to be used in all ministries with children and youth
 - Appropriate steps to report an incident of suspected child abuse
 - Details of the state laws regarding child abuseAt this orientation, long-term volunteers and paid staff will be given an opportunity to renew their covenant to abide by and cooperate with MERCI’s policies and procedures. MERCI will have an updated record that it has informed all of its long-term volunteers and paid staff about its policies. Long-term volunteers and paid staff will be given MERCI’s policies in writing.
4. The “Five-Years-Older” Rule: Any long-term volunteer or paid staff recruited or hired to work with children and/or youth should be at least five years older than any of the children or youth with whom she/he will work.
5. Concerning long-term volunteers and paid staff under the age of eighteen: All long-term volunteers and paid staff should be over the age of eighteen, unless specifically reviewed and approved by the appropriate MERCI committee.
6. Windows in All Classrooms: Each room set aside for children or youth should have a window, a door with a window in it or a half door.
7. Open-Door Counseling: At any counseling session with children or youth, the door of the room used shall remain open for the entire session.

8. It is our policy to split genders in our sleeping quarters.
9. No person who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should work with children or youth in any MERCI-sponsored activity.
10. Prior Notice to Parents: Parents or guardians will be given advance notice and full information regarding activities in which their children will be participating. Parents must give written permission for their child's participation in MERCI activities.
11. All persons involved with children or youth at any MERCI-sponsored activity shall immediately report to a MERCI staff person any behavior that seems abusive or inappropriate.
12. Regarding Paid Staff: Those seeking employment with MERCI shall undergo a background check and shall abide by the policies set forth in this document.
13. Regarding Long-Term Volunteers: Those long-term volunteers who will have direct contact with children and/or youth shall undergo background check and shall abide by the policies set forth in this document.

A suspected incident of abuse or inappropriate behavior, whether child, youth, or adult, must be reported to appropriate law enforcement agencies immediately, and to the North Carolina Conference Director of Connectional Ministries within 24 hours following the event or activity where the suspected behavior occurred.



676 Community Drive
Goldsboro, North Carolina 27530
888-440-9167 919-739-9167
merci@nccumc.org
www.merciumc.org