

Helping people find and follow Jesus.

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# DEVONSHIRE CHURCH

## **MINISTRY GUIDELINES**

*for children and youth workers*



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# POLICY STATEMENT

*"Let the little children come to me, and do not hinder them (Mark 10:14). But if anyone causes one of these little ones who believe in me to sin, it would be better for him to have a large millstone hung around his neck and to be drowned in the depths of the sea (Matthew 18:6)."*

It's clear that Jesus wants us to serve children and to make a place where they can come to Him. For more than 50 years, God has blessed the children's and youth ministries of Devonshire Church. We aspire to continue this blessing to experience God's favor in our ministry to the children and youth of our community.

Child abuse is serious and life-threatening, affecting not only children throughout their lifetime, but families and society as well. Each year, two million children are abused by parents, guardians, or others. At least 1,000 children will die every year as a result of abuse and neglect. Major public and private institutions have begun to screen people working with children. So should churches.

Churches have been reluctant to implement background screening programs for their workers. If they did, it was for positions involving finances and not for regular employees and volunteers. It was perceived as unnecessary and even distasteful to insist on screening ministers because of the pastoral call on their lives.

## **Reasons why we screen:**

- **To prevent child abuse.** There is no excuse for any church to neglect this important duty. *"Volunteer organizations are perfect for pedophiles, in the sense that these are the ideal situations where pedophiles can get to large numbers of children, to check out which ones might be the easiest victims,"* says Gene Abel, director of the Behavioral Medicine Institute of Atlanta.
- **To prevent injury to our congregation.** Baby-boomer parents are attracted to a church by its child-care facilities and personnel and many families stay in a church because of its youth activities. Once an incident has occurred – or even an allegation that later proves false – trust is lost, and it may take years to regain.
- **To avoid legal liability.** If a court finds that a church or employer didn't use *reasonable care* in selecting its paid and volunteer workers, most likely there will be legal repercussions for the church. The church is not required to be *perfect*, only *reasonable* in taking precautions to protect its youth.

In order to provide as safe and secure an environment as possible for our ministry participants, and to minimize the ministry's and workers' vulnerability to unwarranted accusation, the following procedures have been adopted.

*Note: Portions of this manual are adapted from crosswalk.com and Brotherhood Mutual Insurance Company.*

# VOLUNTEER WORKER SCREENING PROCEDURES

1. Prior to consideration for a position, any candidate who may be working with children and youth will complete and return an initial ministry application (page 9).
2. The ministry application will be carefully reviewed by a ministry leader or designee to make certain that the worker will be appropriate for the ministry position, based on the information provided.
3. At the discretion of the church, references may be checked.
4. Any information indicating that a candidate poses a threat to others or has any prior history of physical or sexual abuse directed against another person will result in the immediate removal of the individual candidate from consideration for a ministry position with this organization.
5. A **PA Child Abuse Clearance** ([www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis)) and **PA Police Criminal Background Check** (<http://www.psp.pa.gov/Pages/Request-a-Criminal-History-Record.aspx#.VWcK4WdFDIU>) must be performed and submitted to the church office by all individuals who are 18 years or older.

## EMPLOYEE SCREENING PROCEDURES

1. The same procedure set forth for volunteer workers will apply to all potential employees who are 14 years or older, regardless of the ministry position for which they are being considered.
2. In addition to the PA Child Abuse Clearance and PA Police Criminal Background Check, an FBI clearance will be performed with respect to all candidates for employment.
3. Any information indicating that a candidate poses a threat to others or has any prior history of physical or sexual abuse directed against another person will result in the immediate removal of the individual candidate from consideration for employment with this organization.

## WAITING PERIOD

No volunteer worker candidate will be considered for any ministry position involving contact with children and youth until the candidate's application has been approved.

## SUPERVISION

1. At least one adult (who has been approved as a volunteer worker through the above screening process) should be present at every children's or youth function.
2. During classes/services/events, at least one adult (who has been approved as a volunteer worker through the above screening process) will be appointed to be a roving supervisor of the activity(s) on the premises where the class/service/event is held.

3. Workers should arrive at least 10 minutes before a scheduled activity and should keep watch over those in their care until all have been picked up by an authorized person.
4. When transporting children or youth, parental knowledge is required.

## **WORK RESTRICTIONS**

1. Children five years of age or younger (boys and girls) should be assisted as needed.
2. Never touch a child's private areas except when necessary, as in the case of changing a diaper. All diapers should be changed in the Nursery.
3. Workers should avoid the appearance of any impropriety.
4. Workers are to release children in their care only to parents, guardians, or persons specifically authorized to pick up the child.

## **DISCIPLINE**

1. Workers are never to spank, hit, shake or otherwise physically discipline anyone.
2. Disciplinary problems should be reported to the workers' coordinator/supervisor and to a parent or guardian.

## **INJURIES OR ILLNESS**

1. Persons who are have a contagious illness that is easily communicable are to not participate in ministry activities.
2. A suitable substitute (who has been approved as a volunteer worker through the above screening process) must be used to take the place of worker who is ill.
3. Participants should be returned to their parent or guardian as soon as illness is discovered. If this is not possible, then the person who is ill should be isolated in a manner that will allow supervision to continue until the person can be returned to their parent or guardian.
4. Reasonable steps should be taken to avoid contact with body fluids of any kind by anyone.
5. Any coordinator/supervisor who becomes aware of an injury to a worker or participant will take steps to ensure appropriate medical attention is given to the injured person.
6. Persons who have received an injury which is obviously minor should be given first aid as needed at the time of injury. The person's parent or guardian should be notified of the minor injury when they pick up the injured person.
7. Any injury which may require medical treatment beyond simple first aid should be given immediate attention. An ambulance should also be called immediately if warranted by the injury. The parent or guardian of the injured person should be immediately notified, along with the worker's coordinator/supervisor, who will complete an injury report.

# RECORD KEEPING

1. An attendance list should be kept for all of the ministry's functions involving children and youth. The date of the function, along with the names of all participants and coordinators/supervisors should be recorded.
2. Incident reports are to be sealed and forwarded to the church office via mailbox 35, and to be filed with the volunteer files. (Senior Pastor should be notified)
3. Volunteer files will be locked in a file cabinet in the church office. Access will be restricted to:
  - a. Senior and Associate Pastors
  - b. Children Ministry Coordinator
  - c. Church Secretary
  - d. Any official acting under authority of a valid court order

## NOTICE OF PHYSICAL ASSULT OR SEXUAL MISCONDUCT

1. Workers who become aware of any physical assault or sexual misconduct must make an immediate and direct report of suspected child abuse to ChildLine, either electronically at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) or by calling 1.800.932.0313. After making the report to ChildLine, the reporter is required to immediately thereafter notify the Senior Pastor.
2. In addition to the Senior Pastor, the law enforcement agency with jurisdiction, the parents (if not involved in the abuse charges), the liability insurance carrier of record and the appropriate conference/denominational offices will be contacted as soon as possible.
3. A written report of the incident must also be also made to ChildLine at: [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) or by using the form on pages 25 and 26.

## VIOLATION OF POLICY OR PROCEDURES

1. Workers must promptly notify their coordinator/supervisor of any activity which violates this policy or procedures.
2. Any coordinator/supervisor or ministry leader who becomes aware of a violation of the policy or procedures will take all necessary steps to ensure future compliance with the policy and procedures by all workers; and will remove workers from their position if such removal is warranted, or if the worker poses a potential threat to others.

# INTERNAL PROCEDURES

1. Any employee of the ministry who is the subject of an investigation will be placed on paid administrative leave not to exceed 30 days. After 30 days, the pay would revert to unpaid. If the employee has admitted to the abuse or molestation they will be terminated.
2. Any volunteer worker who is the subject of the investigation will be suspended from all ministry work pending completion of the investigation.
3. Any person who is not found innocent of alleged abuse or molestation will be removed from work with children or youth within Devonshire Church. The church will consult with legal counsel for advice if termination of employment is indicated.

## LAW ENFORCEMENT OR MEDIA PROTECTION

1. All ministry leaders, employees, and volunteers will cooperate fully with any law enforcement or governmental agency that may be investigating allegations of physical assault or sexual molestation in connection with activities of Devonshire Church.
2. Legal counsel will be contacted for advice and guidance as soon as possible after Devonshire Church receives notice of possible abuse or molestation in connection with organization activities. Decisions concerning the ministry's response to the allegations will be made in accordance with such advice.
3. A single organizational leader will be designated as spokesperson following notice of any abuse or molestation in connection with activities of the ministry. This spokesperson will be the only person to convey information concerning the situation and (to avoid compromising any ongoing investigation) will convey only such information as is necessary under the circumstances.

## ANNUAL EMPLOYEE/WORKER REVIEW

1. This policy and procedures will be conveyed for review annually to all workers, employees, coordinators, supervisors, and leaders to whom it applies.
2. All ministry employees will complete a brief renewal application once each year (page 19). A renewal application will also be completed annually by all volunteer workers associated with Devonshire Church who will be working in any capacity with children or youth.
3. Should the renewal application show that any employee or volunteer worker has become unsuitable for working with children or youth, they will be immediately removed from their current position, and will not be considered for other positions involving work with children or youth.

## REVISION OF POLICY/PROCEDURES

This policy and procedures will modified as needed and in accordance with the bylaws of Devonshire Church and any modification will be promptly conveyed to all persons affected by the modification.



# CHILDREN/YOUTH WORK APPLICATION

## VOLUNTEERS AND EMPLOYEES

### Personal

Name: \_\_\_\_\_ Daytime telephone: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Age range:  under 18  18 and over

In which children's/youth program(s) are you seeking to become involved?

\_\_\_\_\_

What skills would you bring to the children's/youth program?

\_\_\_\_\_

What other children's/youth work experience do you have? *(Please list)*

\_\_\_\_\_

\_\_\_\_\_

Organization Program

Dates

Contact

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attended Devonshire Church for at least 6 months?  Yes  No

Have you at any time ever:

- Been arrested for any reason?  Yes  No
- Been convicted of, or pleaded no contest to, any crime?  Yes  No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse?  Yes  No

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others?  Yes  No
- Any reason why you should not work with children, youth, or others?  Yes  No

If the answer to any of these questions is "yes," please explain in detail:

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### **Church Activity**

What church or churches have you attended in the past five years?

Church name	Pastor's name	Years attended
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**3 References (Other than relatives)**

Name/Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Applicant Verification and Release**

I recognize that Devonshire Church to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize Devonshire Church to contact any person or entity listed in this application, and I further authorize any such person or entity to provide Devonshire Church with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release Devonshire Church and any such person or entity listed herein from liability involving the communication of information and subsequent action taken relating to my background or qualifications. I further authorize Devonshire Church to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of Devonshire Church, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# REFERENCE RESPONSE INFORMATION

To: \_\_\_\_\_  
*Name*

From: \_\_\_\_\_  
*Address*

Regarding \_\_\_\_\_  
*Name of Worker Candidate*

To whom it may concern:

You have been listed as a reference by the above individual, who has expressed an interest in working with children or youth in our ministry. In order for our organization to properly evaluate the qualifications of this worker candidate, we would like you to complete this form with your honest opinions and impressions of the candidate.

Once completed, please return this form to our organization in the enclosed envelope. Thank you for your assistance in this regard.

1. How long have you known the above individual? \_\_\_\_\_ Years

2. In what capacity have you come to know this individual? (i.e. coworker, neighbor, friend, etc.)

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3. In your opinion, is the above worker candidate fully qualified to work with children and youth?

Yes  No (If no, explain below)

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4. What concerns, if any, would you have in allowing this individual to work with children or youth?

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5. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children or youth?  Yes  No (If yes, explain below)

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Additional comments or explanations:

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The above information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# ACCIDENT/INCIDENT REPORT

## ORGANIZATION

Devonshire Church, 5630 Devonshire Road, Harrisburg, PA 17112

## TIME AND PLACE OF INCIDENT

Child's Name: \_\_\_\_\_

Date of Accident/Incident: \_\_\_\_\_ Time of Accident/Incident: \_\_\_\_\_

Description of Accident/Incident:

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Where did the accident/incident occur: \_\_\_\_\_

Was first aid administered? If so, explain:

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Parent was notified:      upon arrival      by phone

Follow-up and/or Action Plan:

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Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CHILDREN/YOUTH WORK RENEWAL APPLICATION

## VOLUNTEERS AND EMPLOYEES

Name: \_\_\_\_\_ Daytime telephone: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Age range:  under 18  18 - 25  over 25

In which children's/youth program(s) are you currently involved?

\_\_\_\_\_

In what other children's/youth program(s), if any, do you plan to become involved?

\_\_\_\_\_

Have you at any time ever:

- Been arrested for any reason?  Yes  No
- Been convicted of, or pleaded no contest to, any crime?  Yes  No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse?  Yes  
 No

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others?  
 Yes  No
- Any reason why you should not work with children, youth, or others?  Yes  No

If the answer to any of these questions is "yes," please explain in detail:

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*(Please attach additional pages if more space is needed)*

**Applicant Verification and Release**

I recognize that Devonshire Church to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I have carefully read the policy and procedures of Devonshire Church, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SAMPLE RENEWAL LETTER

Date

Dear ,

You are receiving this mailing because at some point in the past year and a half you filled out an application to be approved (in accordance with the *Ministry Guidelines for Children and Youth* policy) to work with young people at Devonshire Church.

This policy states that we must go through a renewal process on an annual basis. The following is taken from the *Annual Employee/Worker Review* section of the policy:

- *This policy and procedures will be conveyed for review annually to all workers, employees, coordinators, supervisors, and leaders to whom it applies.*
- *All ministry employees will complete a brief renewal application once each year. A renewal application will also be completed annually by all volunteer workers associated with the organization who will be working in any capacity with children or youth.*
- *Should the renewal application show that any employee or volunteer worker has become unsuitable for working with children or youth, he/she will be immediately removed from his/her current position, and will not be considered for other positions involving work with children or youth.*

Enclosed you will find the *Ministry Guidelines for Children and Youth* policy for your review and a renewal application. **Please fill out the renewal application and return it to the church office in the enclosed envelope by ??**. Thank you for ministering to our children and youth in the past year, and for helping Devonshire be a place that provides a safe environment for them to grow in. If you have any questions, please contact Pastor Derek at the church office.

In Christ,

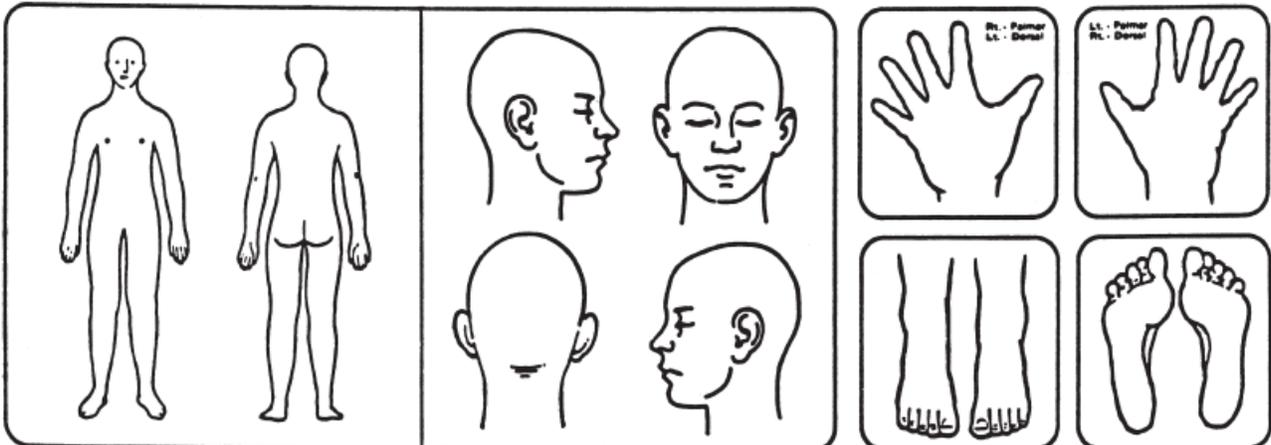
The Executive Ministry Team



## REPORT OF SUSPECTED CHILD ABUSE (CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)

PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE, PLEASE PRINT OR TYPE

1. NAME OF CHILD (Last, First, Initial)		SSN	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (State, City, State & ZIP Code)			COUNTY	
1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE			COUNTY	
2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
4. OTHER PERSON RESPONSIBLE FOR CHILD		SSN	BIRTHDATE	RELATIONSHIP TO CHILD
ADDRESS (City, State & ZIP Code)		COUNTY		SEX <input type="checkbox"/> M <input type="checkbox"/> F
5. ALLEGED PERPETRATOR (Last, First, Initial)		SSN	BIRTHDATE	RELATIONSHIP TO CHILD
ADDRESS (City, State & ZIP Code)		COUNTY		SEX <input type="checkbox"/> M <input type="checkbox"/> F
NAME OF ALLEGED PERPETRATOR'S EMPLOYER AND EMPLOYER'S ADDRESS				
6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)		RELATIONSHIP TO CHILD	NAME (Last, First, Initial)	RELATIONSHIP TO CHILD
NAME (Last, First, Initial)				
A.			D.	
B.			E.	
C.			F.	
ADDRESS WHERE THE SUSPECTED ABUSE OCCURRED			COUNTY	
DESCRIBE THE NATURE AND EXTENT OF THE SUSPECTED CHILD ABUSE, INCLUDING ANY EVIDENCE OF PRIOR ABUSE TO THE CHILD OR ANY SIBLING OF THE CHILD. ALSO INCLUDE ANY EVIDENCE OF PRIOR ABUSE BY THE ALLEGED PERPETRATOR(S) TO OTHER CHILDREN. PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.			DATE OF INCIDENT	



<b>7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY THE PERSON MAKING THE REPORT:</b>			
<input type="checkbox"/> NOTIFICATION OF CORONER OR MEDICAL EXAMINER	<input type="checkbox"/> X-RAYS	<input type="checkbox"/> PHOTOGRAPHS	<input type="checkbox"/> HOSPITALIZATION
<input type="checkbox"/> POLICE NOTIFIED	<input type="checkbox"/> MEDICAL TEST(S)	<input type="checkbox"/> TAKEN INTO PROTECTIVE CUSTODY	<input type="checkbox"/> OTHER (Specify)
<b>8. SAFETY CONCERNS AND RISK FACTORS:</b>			
A. DESCRIBE THE CHILD(REN)'S PHYSICAL AND BEHAVIORAL HEALTH, GOOD MOOD AND TEMPERAMENT. DESCRIBE CHILD(REN)'S INTELLECTUAL FUNCTIONING, COMMUNICATION AND SOCIAL SKILLS, SCHOOL PERFORMANCE AND PEER RELATIONS. INCLUDE WHETHER THE CHILD(REN) HAS EXPRESSED ANY SUICIDAL/HOMICIDAL IDEATION OR PLANS.			<input type="checkbox"/> INFORMATION UNKNOWN
B. DESCRIBE HOW THE ADULT CAREGIVERS FUNCTION COGNITIVELY, EMOTIONALLY, BEHAVIORALLY, PHYSICALLY AND SOCIALLY. INCLUDE WHETHER THE ADULTS HAVE ANY MENTAL HEALTH, SUBSTANCE USE ISSUES AND/OR CRIMINAL HISTORY. DOCUMENT ANY PAST OR PRESENT DOMESTIC VIOLENCE. RECORD THE EMPLOYMENT STATUS/SOURCE OF INCOME AND WHETHER THERE ARE ANY FINANCIAL STRESSORS IN THE HOME. INCLUDE ANY SAFETY OR SANITARY CONCERNS REGARDING THE CONDITIONS OF THE HOME AND WHETHER THERE ARE WORKING UTILITIES. WHAT IS THE PRIMARY LANGUAGE OF THE HOUSEHOLD?			<input type="checkbox"/> INFORMATION UNKNOWN
C. DESCRIBE WHETHER THE CAREGIVERS HAVE THE APPROPRIATE KNOWLEDGE, EXPECTATIONS AND SKILLS TO PARENT THE CHILD(REN) ADEQUATELY. DOES THE CAREGIVER ADEQUATELY SUPERVISE THE CHILD(REN)? ARE THEY WILLING AND ABLE TO PROTECT THE CHILD(REN)? DESCRIBE THE ABILITY OF THE CAREGIVER TO EMPATHIZE, NURTURE AND ADVOCATE FOR THE CHILD(REN).			<input type="checkbox"/> INFORMATION UNKNOWN
D. DESCRIBE THE CAREGIVERS' APPROACH/METHODS OF DISCIPLINING THE CHILD(REN). DESCRIBE WHEN DISCIPLINE OCCURS AND WHETHER DISCIPLINARY METHODS ARE AGE-APPROPRIATE? ARE THERE ANY CULTURAL PRACTICES IN THE HOME THAT WOULD INFLUENCE THE DISCIPLINARY METHODS USED?			<input type="checkbox"/> INFORMATION UNKNOWN
E. PLEASE PROVIDE ANY ADDITIONAL INFORMATION RELEVANT TO THE INVESTIGATION PROCESS THAT HAS NOT ALREADY BEEN ENTERED IN THIS REFERRAL. THIS MAY INCLUDE ADDITIONAL ADDRESSES TO LOCATE THE CHILD OR PERPETRATOR, ADDITIONAL RESOURCES FOR THE CHILD, EMAIL ADDRESSES, INFORMATION ABOUT ANY WEAPONS IN THE HOME OR CONCERNS YOU MAY HAVE FOR THE CASEWORKER'S SAFETY.			<input type="checkbox"/> INFORMATION UNKNOWN

**INSTRUCTIONS TO MANDATED PERSONS:**

A mandated reporter making an oral report of suspected child abuse to the department via the Statewide toll-free telephone number (800-932-0313) must also make a written report, which may be submitted electronically, within 48 hours to the department or county agency assigned to the case by using this form. If needed, attach additional sheet(s) of paper to provide all of the requested information on this form.

**NOTE:**

If the child has been taken into custody, you must immediately contact the county children and youth agency where the abuse occurred.

<b>REPORTING SOURCE:</b>			
PRINTED NAME AND SIGNATURE:		DATE OF REPORT:	
ADDRESS:			
TITLE OR RELATIONSHIP TO CHILD:	FACILITY OR ORGANIZATION:	TELEPHONE NUMBER:	EMAIL ADDRESS: