# Mandatory reporter

Camp counselors at Messiah University are mandatory reporters and as such, have certain legal obligations. As a mandatory reporter, I understand that I am required to immediately make a report if I learn of facts that give reason to suspect that a child has suffered an incident of child abuse, including sexual abuse.

# REPORTING

I understand that reporting an incident of child abuse in Pennsylvania is a three-step process:

1. **If I have reason to suspect that a child is a victim of abuse, I must immediately make a direct report to PA ChildLine by calling 1-800-932-0313.**
2. After making a report, I must also notify my Program Director and Messiah University’s Department of Safety

(from on-campus: ext. 6565, from off-campus: 717-691-6005) which is responsible for coordinating the University’s response and cooperation with authorities.

1. If I am working with an Athletic camp, I must also immediately notify the U.S. Center for Safe Sport by calling

720-531-0340.

# Training

I have completed 1.5 hours of online Sexual Abuse Awareness Training by Abuse Prevention Systems and passed the quiz. The purpose of this training is to help me understand my obligation to report, as well as teach me ways to prevent and to recognize abuse.

# Counselor Training Manual

I have received the *Counselor Training Manual* and have read and familiarized myself with its contents.

I will review the *Messiah University Summer Camp Code of Conduct* (Attachment A of the Manual) with my campers at the start of camp.

# QUESTIONS

I understand that if I have questions about my role as a mandatory reporter or my responsibility to report, I can contact the Office of Human Resources & Compliance at (717) 796-5300 or ext. 5300.

# ACKNOWLEDGEMENT

By signing below, I acknowledge that I understand my role as a mandatory reporter and that willful failure to report suspicions of child abuse can result in both employee discipline and criminal prosecution.

# SIGNATURE

*I certify that I have read and agree with these statements and acknowledge that, by checking this box and signing below, I understand that this electronically serves the same purpose as affixing my original signature to this document.*

|  |  |
| --- | --- |
| Signature | Click or tap here to enter text. |
| Print name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Name of camp& dates of operation | Click or tap here to enter text.  Click or tap to enter a date. |

*Please note: this acknowledgement must be submitted PRIOR to your first day of camp.*