
 Organization Name

Employee Training Checklist

	Yes	Needs Attention
1. Do you conduct new employee orientation to advise on general procedures of your ministry and to review handbook policies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you provide regular training on employees' rights and responsibilities, including Worker's Compensation, Equal Employment Opportunity, and Sexual Harassment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you provide periodic training regarding sexual harassment and misconduct prevention and response, including reporting procedures? (This is required in some states.)	<input type="checkbox"/>	<input type="checkbox"/>
4. During your training, do you review your organization's policies on such issues as smoking, drug/alcohol use or possession, weapons, facilities use, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you provide employees and volunteers with specific behavior guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you regularly discuss and rehearse proper response to emergency situations like fire, lightning, natural disasters, and violent attacks with your employees and volunteers?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do your employees understand their role in administering first aid, obtaining professional medical care, notifying parents, and documenting injuries that occur while they are on the job?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do your employees know what procedures to follow to prevent children from being abused emotionally, physically, or sexually?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do your employees know what reporting requirements they must follow if they suspect a child is being abused?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you require new employees to sign a personal conduct agreement outlining behavior considered unacceptable by your church?	<input type="checkbox"/>	<input type="checkbox"/>

 Notes: _____

Completed by: _____ Date: _____

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