

# Participation protocol

For church leadership and designated Sharing the Caring stewards. Families receive a welcoming intake. Providers and vendors receive an individual conversation and role review before approval.

Sharing the Caring is a voluntary community support group for families, people receiving or planning for care, and approved contributors. Participation is free. There is no religious participation requirement. A welcoming invitation begins an intake process; it does not confer automatic access to gatherings, family information or service opportunities.

## Authority to approve participation

**Sharing the Caring reserves the right to approve, defer, place conditions on, decline, suspend or end any person's participation in its group activities.** This applies to family participants, caregivers, professionals, vendors, volunteers, speakers and guests. Decisions must protect participants, support the group's purpose and follow the stated standards, applicable law and agreed host policies.

The designated STC steward controls program participation within authority agreed with the host church. The church retains authority over its premises and host policies. Before launch, both parties name the decision makers and resolve any conflict in their procedures. A personal invitation, church membership or prior relationship does not bypass intake.

## The entry process

### 1 Inquiry and role

Explain the purpose, boundaries and approval requirement. Identify whether the person seeks family support, a contributor role, or both.

### 2 Private intake

Receive the common intake information and signed agreement. Offer assistance completing it. Collect only what is needed for the requested role.

### 3 Steward conversation

Confirm the purpose of participation, expectations, access needs and ability to attend within the group's scope. Apply the provider supplement when relevant.

### 4 Review and decision

Complete required checks and record the approved role, conditions and decision. Tell the applicant privately. Pending applicants have no automatic access.

### 5 Orientation and attendance

Explain privacy, consent, conduct and how to report concerns. At each meeting, hosts confirm approval and welcome the person within the approved role.

### 6 Follow up and role changes

Offer only the follow-up requested. Review new service roles before they begin. Recheck participation when concerns or material changes arise.

# Standards for every participant

The same conduct standards apply to families and contributors. Screening depth follows the role and the access requested.

## Families and people seeking support

Confirm a genuine connection to caregiving, receiving care, planning for care or supporting someone with care needs. A family does not have to prove a diagnosis, disclose finances or purchase a service to participate. Routine criminal background checks are not part of family intake. Listen privately, explain boundaries and consider access arrangements before deciding the group cannot meet a need.

## Providers vendors and other contributors

Every provider or vendor must have an individual conversation with the designated STC steward before approval to offer services. Discuss purpose, qualifications, business interests and how the person will approach families. Verify identity, relevant experience, references and applicable credentials or insurance. Educators and volunteers also need approval for their activity. Direct service or sensitive volunteer roles require separately authorized screening. Record what was checked, by whom and when.

Approval is specific to the activity and may have an expiration or review date. Attending as a family member does not authorize promoting a business. A provider may attend while screening is pending only if a steward separately approves a limited role with no service promotion or access to family details.

## Conduct and commercial boundaries

- Treat others respectfully. No intimidation, harassment, threats, discrimination, exploitation or repeated disruption. People may listen, decline a question or refuse an introduction.
- Be truthful about identity, qualifications, services and business interests. Disclose when advice or a recommendation benefits you or your organization.
- No unsolicited sales pitches, lead gathering, recruiting, donation requests or distribution of promotional material. Speakers, displays and handouts require advance approval.
- No harvesting attendance lists, adding participants to marketing, recording discussions or posting another person's story. Photos and testimonials require separate, specific permission.
- Providers must ask before discussing their services and honor a refusal. Group participation must never be tied to buying services, religious activity or giving money.
- Families also must honor consent and agreed boundaries. No abusive demands, misrepresentation or pressure on volunteers or providers to perform work outside their agreed role.

## A connection is not an endorsement

STC does not charge referral fees. Families select and hire providers directly. Approval to participate is not a guarantee of safety, quality or suitability. Any paid arrangement needs its own clear scope, price and agreement between the family and provider. Stewards support transparency without directing the choice or negotiating for the family.

# Privacy concerns and review

Protect people through clear procedures and accountable decisions. Complete the launch decisions below with the host church before using this protocol.

## Information and consent

Keep intake, screening and incident records restricted to designated leaders. Never circulate attendance lists. Do not collect medical records, Social Security numbers, financial account details or identification copies on this form. Use a separate secure process for background checks.

Meeting reminders, an individual introduction, photos, testimonials and marketing are separate permissions. Get consent from both parties before each introduction and confirm exactly what information may be shared. A relative's attendance does not give permission to disclose another adult's personal information.

Ask everyone to keep others' stories private, while explaining that absolute confidentiality cannot be guaranteed. Information may need to be shared for safety, emergency response or required reporting. Mandatory reporters must meet their own obligations without waiting for internal approval. [1]

## Concerns suspension and reconsideration

Report concerns privately to the steward, host liaison or alternate contact if either is involved. No retaliation for good-faith reports. Record facts and actions privately; distinguish allegations from findings.

A host may stop an activity or require someone to leave for a credible safety concern. Call 911 for an immediate emergency and notify leadership promptly. A protective pause need not wait for an investigation.

Grounds for a participation decision include material misrepresentation, failure to complete role requirements, boundary or consent violations, exploitation, threatening conduct, repeated disruption, or needs beyond the group's capacity after considering workable accommodations. Apply standards consistently; do not exclude someone merely because of disability, identity, finances, religion or refusal to buy services.

For nonurgent concerns, explain the issue privately and allow an appropriate response. Record the reason, conditions and review date. Offer reconsideration through an alternate reviewer without a conflict of interest. Safety restrictions remain during review; protect private information.

## Before the first gathering

Agree on named decision makers and alternate reviewer; record access, storage and retention; screening; incident and reporting procedures; accommodations; and host policies and insurance responsibilities. Guests and walk-ins receive private intake before access to group discussion.

The group offers peer support, education and consent-based connections. It does not provide drop-off care, personal care, medication assistance or emergency supervision. Anyone needing individual assistance attends with their own support person, who also receives orientation. Apply host safeguarding procedures to any minors.

[1] Washington DSHS, Mandatory and Permissive Reporters. Reviewed September 30, 2026.  
<https://www.dshs.wa.gov/mandatory-and-permissive-reporters>

# Participant intake

Complete for each person requesting participation. This is a request for review, not confirmation of admission. Families and community members participate free of charge.

Name and preferred name

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Phone and email Indicate a safe contact method

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Church or community connection if any How did you hear about the group

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## Your reason for joining

- ☐ Family caregiver ☐ Person receiving or planning for care  
☐ Friend or support person ☐ Community volunteer  
☐ Care provider or professional ☐ Vendor or organization representative

Select all that apply. A provider, vendor, professional or volunteer offering services must also complete the contributor supplement. No church affiliation is required.

What would you like from the group Share only what you are comfortable sharing

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What would help you participate Language mobility hearing or other access needs

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Do you plan to attend with someone who supports you ☐ Yes ☐ No  
If yes, their name and role \_\_\_\_\_

Are you seeking a business or service role as well as personal support

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## Optional contact permissions

- ☐ You may contact me about this intake request.  
☐ You may send group meeting reminders by ☐ Text ☐ Email ☐ Phone  
☐ I would like a steward to discuss possible resource connections with me.

Unchecked optional permissions are not granted. Declining reminders or connections does not determine admission. This form does not permit sharing your contact details with other participants, providers or businesses. Permission for each introduction will be requested separately.

**Next step** Complete the agreement on page 6 and return privately to the designated steward. Do not include another person's diagnosis, private records or identifying details without appropriate permission.

# Contributor supplement

Complete in addition to the participant intake if you wish to offer services, volunteer, educate, speak or represent an organization. Congregation members follow the same process as outside applicants.

Applicant name Organization and role

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Business contact information Website if applicable

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Requested role ☐ Paid caregiver ☐ Licensed professional ☐ Vendor  
☐ Care home or agency ☐ Educator or speaker ☐ Volunteer ☐ Other

Describe the activity or services you wish to offer and any limits

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Relevant license or registration Type number issuing authority and expiration

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Relevant insurance Coverage carrier and expiration or explain why not applicable

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Relevant experience and training

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Two references Names roles and safe contact details

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Business interests Fees compensation referral relationships or other benefits

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Would your proposed role involve home visits, transport, hands-on care, financial help or access to private records ☐ Yes ☐ No

If yes, describe \_\_\_\_\_

**Verification acknowledgment** I understand that leaders will verify relevant credentials and references before approving this role. I will obtain references' permission to be contacted. Any background check requiring consent will use a separate authorization and secure process. I will disclose material changes to credentials, services and business interests.

Required steward conversation completed on \_\_\_\_\_ with \_\_\_\_\_

Discuss purpose, qualifications, compensation, consent and family boundaries before approving the role.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

# Participation agreement and decision

Applicant agreement and private leadership record. Store with the intake form.

## Applicant agreement

I understand that participation is voluntary and requires approval. Designated leadership may approve, defer, condition, decline, suspend or end participation under this protocol and agreed host policies.

I agree to respectful conduct, truthful disclosures and privacy and consent rules. I will not pressure families, gather leads or access their information without permission. A family role does not authorize a business role.

The group provides no individual care and does not guarantee providers. I may decline questions, connections or services and leave voluntarily. I respect privacy while recognizing its limits. I may report concerns and seek reconsideration without retaliation.

- ☐ I received or reviewed pages 1 through 3 and had an opportunity to ask questions.
- ☐ I agree to the participation standards and the limits of my approved role.

Applicant signature and date

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If assisted with the form Name role and assistance provided

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Assistance completing the form does not automatically authorize signing for someone else. Confirm any representative's authority separately and seek the participant's own agreement when possible.

## Leadership decision record

Decision ☐ Approved ☐ Approved with conditions ☐ Pending  
☐ Deferred ☐ Declined ☐ Suspended ☐ Participation ended

Approved role and activities Conditions restrictions or outstanding checks

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Reason and completed checks Record facts verifier and dates

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Approving steward Host liaison Decision date Review date

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Orientation date Applicant notified by whom and when

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Alternate contact for concerns or reconsideration Name and contact details

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