

MPACT Agreement

2008-2009

The Open Door Student Ministry (ODSM) meets in small groups that we call **MPACT** groups. These groups are gender and age appropriate to provide a safe and comfortable atmosphere so students can learn and grow in their faith. The purpose of these groups is to **Mentor** students through **Prayer, Accountability, Caring, and Teaching.**

MPACT groups provide the opportunity for students to interact with both peers and leaders. ODSM believes that students need a place where they can be real, and being real means being able to share what is going on in their lives. We encourage students to talk about DWAPS in **MPACT**. Devotional Life (Time reading the Bible), Worship (Living for God), Availability (to serve, God and others), Prayer Life (Time Talking to God) and Sinful Struggles (issues that are holding them back from living for God).

What is shared in **MPACT** group is meant to remain in **MPACT** group. However, there are exceptions when a student shares something that can not be kept confidential.

These exceptions include:

Child abuse, criminal behavior, excessive use of drugs or alcohol, habitual cutting, severe cases of eating disorders, threats of suicide, threats of violence to another person, and [sexual relations with other teenagers](#). In most cases students will be given 24 hours to talk to their parents about the issue on their own, before the leader contacts the student's parents.

If something is shared in **MPACT** group and the leader is not sure what to do with the information, they have the right seek the advice of the Director of Student Ministries. ODSM wants to be a safe place for students to share their feelings and struggles, but we also care about the students and their safety and we will not jeopardize a student's safety for confidentiality.

Student's Agreement:

I agree to be a part of an **MPACT** group. I understand that **MPACT** is designed to be a safe and comfortable place for me to share what's going on in my life. I understand that there are certain things that I may say that may not be kept confidential for my own safety. I give my leaders permission to seek the advice of the Director of Student Ministries on any issues. I also personally commit to making confidentiality important to my group by not sharing with others what our group discusses.

Students Signature _____ Date _____

Parent's Agreement:

I give _____ permission to be involved in an **MPACT** group. I understand that he or she might share information with their group that might reveal personal information. I agree that my son or daughter needs a safe place where they can be real and share their feelings and opinions. I give permission for the **MPACT** leaders and students to withhold confidential information. I understand the exceptions and give my permission for my student to be involved.

Parent's Signature _____ Date _____