



122 Watterson Street
Jonesboro, GA 30236
(770) 471-7200

Safe Sanctuary Policies & Procedures

The ACUMC is a fellowship of believers called to
witness to our faith and to make disciples of
Jesus Christ....

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1 Purpose of the Safe Sanctuary Policy

The General Conference mandate of 1996 and readopted in 2004 requires all United Methodist Churches to implement policies and procedures to make sure no harm comes to those 18 and younger or adults who cannot care for themselves while they are in our care and ministry. A Safe Sanctuary Policy is now church law (*2008 Book of Discipline, paragraph 256*). Andrews Chapel UMC adopted on February 28, 2013 the Safe Sanctuary policy and procedures described below for the protection of all children, youth and vulnerable adults in the congregation. This policy shall serve to prevent the risk of any form of abuse or harassment, whether physical, emotional or sexual, by staff, employees, or volunteers while on church property or while engaged in church activities or programs. The policy shall also protect, to the extent practicable and legal, the rights of the staff, employees and volunteers from unfounded allegations of abuse or harassment.

2 Application and Screening

All staff and volunteers must complete the application and screening process to be eligible to supervise or assist with any church related programs and activities involving children, youth and vulnerable adults.

2.1. Minimum Qualifications for Applicants (staff and volunteers):

- Staff will be at least age 21 to serve in an employed supervisory capacity; at least age 18 to serve as an employed assistant
- Volunteers will be at least age 21 to serve in a supervisory capacity
- An emergency volunteer will not need to be fully screened, but must meet the age requirement of this policy

2.2. An individual seeking a staff position will request the **Staff Application (pages 10-13)** and interview information from the Staff Parish Relations Committee chairperson.

2.3. An individual wishing to volunteer will request the **Volunteer Application (pages 15-17)** and interview information from the chairperson of the Committee on Nominations and Leadership Development.

2.4. The staff or volunteer will complete the application on or before the due date and the appropriate chairperson will review the application and complete the **Reference Contact Form (pages 18-19)**.

2.5. The appropriate chairperson will contact the applicant to schedule the interview.

2.6. Staff and volunteers deemed suitable for hiring will be required to undergo a **Criminal Background Check (pages 20-21)**.

2.7. The individual will also be required to read and sign the **Staff/Volunteer Covenant (page 22)**.

2.8. Prior to assuming the duties and responsibilities expected of the staff member or volunteer, s/he will attend a training session on ACUMC's Safe Sanctuary Policy.

2.9. After the initial screening, all staff and volunteers hired will be required to go through the screening process and background check every two years.

3 Safety Procedures

3.1. A volunteer will not work with children and youth in any capacity until s/he has been an active and participating member of the church for a minimum of six (6) months. The member must have been a regular attendee and involved in church activities for that period of time.

3.2. Two adults will be present at all times, whenever possible. This means no adult will be alone with a child or youth except as specified below.

- The two adults cannot be related to one another. If the two adults are related, a third, approved adult should be present.
- If both boys and girls are participating in a church-sponsored event or activity, then there will be both female and male supervisors in attendance.
- One-on-one activities will not be conducted behind closed doors or in an isolated area away from the view of supervisory persons.
- Some Sunday School classes for children and youth may have only one adult teacher in attendance while the class is in session. In these instances, the door(s) to the classroom will remain open.
- In pastoral counseling sessions with minors, a written **Parental Permission Form (page 23)** will be completed prior to any ordained pastoral staff meeting privately with a minor. In all other cases, the "two adult" rule will be used.
- Only approved nursery workers will be allowed in the nursery. Only approved workers will change diapers and supervise bathroom visits in the nursery.
- When parents of children or youth become workers/volunteers at church activities, they must assume the church worker/volunteer role as their primary role.

3.3. Adequate supervision ratios for each age level should be maintained as indicated below:

- Infants (under 12 mo.) 1:6
- Toddlers (ages 1 & 2) 1:6
- 3 years – Kindergarten 1:10
- 1st – 5th grade 1:15
- 6th – 8th grade 1:15
- 9th – 12th grade 1:15

3.4. For off-site and overnight events adequate supervision ratios for each age level should be maintained as indicated below:

- Children 1:5
- Youth 1:10
- Vulnerable adults depends on age and disability

3.5. Children and youth will not leave the designated meeting area of the program or activity without the permission of the supervisor as indicated below:

- Only persons with the written authorization of a parent/guardian can "check-out" children and youth participating in a church-sponsored event or activity. A **Parental**

Permission Form (page 23) will be available for a parent/guardian to authorize the release of their child(ren) to another person.

- Children who are eight years old or older will be permitted to leave the designated meeting area of the program or activity at the conclusion of the scheduled activity without further supervision by staff and approved volunteers unless instructed otherwise by the parent or guardian.
- If a parent or guardian does not pick up a child younger than the age of eight (8) on time, the child will remain with the approved supervisor until the parent or guardian is located.
- Children twelve (12) years old or younger will not be allowed to leave church property, either unattended or in a group without specific written parental permission.

3.6. When there is an accident of any type that involves a child or youth, the lead person should complete the **Accident Report (page 32)**

3.7. Off-Site Trips (day trips or overnights):

- **Off-Site Packet:** The sponsor or organizer of an off-site trip must obtain the Off-Site Packet from the church secretary and ensure that appropriate forms (Roster of Participants, Children & Youth Permission and Medical Consent Form, Adult Medical Consent Form, Accident Report, Abuse and Harassment Incident Report Form), are completed and copies filed at the church prior to leaving on the trip.
- Contact information should be given to and received from parents or guardians and readily available while on the trip or overnight event in case of an emergency. Complete the **Roster of Participants with Emergency Contacts Form (page 25)**
- A **Children & Youth Permission and Medical Consent Form (pages 26-28)** must be completed, signed, dated by parents or guardians and in possession of the church secretary prior to any activity away from the church
- The child will not be allowed to participate in the activity if the appropriate forms are not signed, dated and in the possession of the church secretary
- When a personal vehicle/rental is used, the driver must have a valid license and a valid insurance policy and must have at least two riders in addition to the driver in the vehicle
- When overnight trips require lodging in a hotel/motel setting, no adult may sleep in the same room with persons under 18 years of age. In a bunk setting, it is permissible for at least two same-gender adults to sleep in a large room containing multiple cots
- The **Adult Medical Consent Form (pages 29-31)** must be completed, signed, and dated by each adult participating in a church sponsored off-site trip and in possession of the church secretary prior to the trip

3.8. Children, youth and vulnerable adults will be protected from sexual, physical or emotional abuse to the fullest extent possible in all ministries, work areas, programs and activities as indicated below:

- Staff and volunteers are prohibited from dating or becoming romantically involved with a child, youth or vulnerable adult.
- Staff and volunteers are prohibited from having sexual contact with a child or youth or vulnerable adult.
- Staff and volunteers are prohibited from possessing any sexually oriented materials (magazines, cards, videos, films, clothing, etc.) on church property or in the presence of

children, youth or vulnerable adults except as expressly permitted as part of a pre-authorized educational program.

- Staff and volunteers will not administer corporal punishment under any circumstances.

3.9. Staff and volunteers must have the written permission of a parent or guardian before administering any medications to children, youth or vulnerable adults in their care.

- Staff and volunteers will ask the parent/guardian to inform them of any allergies or sensitivities that the child, youth or vulnerable adult may have.

3.10. Church Computer Use Policy (access the full policy in the ACUMC Policy Manual)

- Andrews Chapel has a policy and procedures manual governing the use of church computers, especially those in the Christian Education Computer Lab to ensure responsible use and the safety of users. In order for a child or youth to use church computers s/he and his or her parent or guardian must read and agree to adhere to the stated policy and procedures in the manual.
- The **Computer Lab Use Form (page 24)** must be completed, signed and returned to the church secretary before a child or youth can use church computers.
- The parent or guardian has a responsibility to clearly explain to their children and youth that inappropriate use of the internet and e-mail can place them in embarrassing, inappropriate and even dangerous situations.
- ACUMC cannot be held responsible for the nature or content of materials accessed through the internet
- ACUMC will take all reasonable precautions to ensure users cannot access inappropriate materials
- At no time should a child or youth, for his / her safety, be the only person in the Christian Education Computer Lab without written parental consent
- ACUMC will not be liable for harm to a child or youth who fails to adhere to the computer use policy and procedures.

4 Reporting Allegations of Abuse or Harassment

4.1. Maintaining an environment in which children, youth and vulnerable adults feel safe to work and participate in activities and programs of ACUMC is the responsibility of all staff and volunteers. These individuals are expected to report any questionable circumstance, act, omission, abusive behavior or harassment thought to be in violation of this policy and procedures directly to the senior pastor or appropriate program staff after the safety of the victim has been assured.

4.2. Documentation of the following events is required:

- Accidents – when an individual is hurt unintentionally
- Incidents – when someone’s behavior is inappropriate, but not serious enough to involve the Department of Family and Children Services (DFCS)
- Suspected Abuse – when one suspects an individual has been abused or has been told by a victim about inappropriate behavior

- 4.3.** The individual will not personally confront the alleged or accused violator, but will leave responsibility for all communications to the staff member designated to act on behalf of the church.
- 4.4.** The individual personally witnessing a violation of this policy will complete the ***Abuse or Harassment Incident Report (pages 33-34)*** and submit it to the senior pastor. This report will include a description of the specific words and actions of the accused and victim observed during the incident.
- 4.5.** The senior pastor or designated staff member receiving a report of abusive behavior or harassment will immediately initiate the following response:
- Remove and suspend the accused from responsibilities involving children, youth or adults pending investigation
 - Inform the parents or guardian of the alleged victim (18 years of age and younger or vulnerable adults) and respond to their questions and concerns
 - Notify the UMC District Superintendent
 - Notify appropriate governmental authorities (police, DFCS, etc.)
 - Notify the church's insurance carrier
 - Notify the church's legal counsel
 - Maintain confidentiality consistent with legal requirements and respect the rights of all parties involved in the incident
- 4.6.** The senior pastor or designated staff member receiving a report of abusive behavior or harassment will have conversations with the victim, accused, and other appropriate parties and complete the ***Allegation of Abuse or Harassment Reporting Form (pages 35-36)***
- 4.7.** If the senior pastor or designated staff member determines or suspects that the incident is child abuse s/he must contact the Department of Family and Children Services (DFCS) immediately. Then, DFCS is responsible for conducting the investigation to confirm whether or not the child has been abused.

5 Responsibilities

5.1. Staff-Parish Relations Committee

- Primary reviewers in collaboration with the Board of Trustees of the Safe Sanctuary Policy.
- Ensures that there is a screening process (application forms, interviews, reference and criminal background checks, etc.) for all employees.
- Perform criminal background checks on all prospective employees

5.2. Committee on Nominations and Leadership Development

- Ensures that there is a screening process (application forms, interviews, reference and criminal background checks, etc.) for all volunteers.
- Will perform criminal background checks on all volunteers 18 years of age and older.

5.3. Board of Trustees

- Maintains liability insurance adequate to protect Andrews Chapel United Methodist Church.
- Ensures that anyone requesting the use of church facilities is given a copy of ACUMC's Safe Sanctuary Policy and Procedures.
- Will request from outside groups using the church for a single event documentation of **liability insurance** and a **safety policy** that protect children and vulnerable adults. A signed **Safe Sanctuary Policy Waiver and Release Form (page37)** will be required releasing ACUMC from liability for any incident of child abuse or sexual misconduct taking place under the auspices of the outside organization
- Will give outside groups using the church a copy of the ACUMC's Safe Sanctuary Policy and Procedures.

5.4. Senior Pastor

- Will be the keeper of all documents to ensure that confidentiality is paramount.
 - Staff and volunteer criminal background checks
 - Incident Reports
 - Allegations of abuse or harassment reports and investigations
 - Insurance claim records and correspondence
 - Instructions and documents from law enforcement/Child Protective Services
 - Litigation files and documents
- Will ensure that all documents are kept at the church in a locked fireproof file.
- Will purge documents in accordance with the timeline below:
 - Background checks of prospective employees - 60 days
 - Paid Staff - 20 years
 - Volunteers/Church workers - after volunteer has transferred or left the congregation

5.5. Safe Sanctuary Committee

- Will include the senior pastor, youth minister, a representative from SPRC, Board of Trustees, Finance Committee, nursery staff, older adults, and parents
- Will review the Safe Sanctuary Policy and Procedures every two years and recommend revisions to the Staff-Parish Relations Committee and the Board of Trustees before presentation to the Church Council for final approval.
- Will plan and implement an annual orientation for staff and volunteers on updated policy and procedures

6 Communicating & Training on the Safe Sanctuary Policy

6.1 The Safe Sanctuary Policy of ACUMC will be communicated to the congregation and all staff in the following ways:

- Receiving a copy of the policy during the face-to-face training
- Posting of the policy on the church's website
- Distribution of the policy to each ministry and work area for review with members and parents (as applicable)
- Having printed copies of the policy available for the congregation
- Reviewing the policy with the congregation during a worship service
- Including the policy in the new members' packet

6.2. All staff and volunteers are required to attend a scheduled training session(s) on ACUMC's Safe Sanctuary Policy.

7 Definitions

7.1. Population that Safe Sanctuary Policy protects:

- Children – birth through age 12
- Youth – age 13 through 18
- Vulnerable adults - adults whose mental or physical condition makes them susceptible to abuse or neglect.

7.2. Staff and Volunteers: For the purposes of this policy, the following are included in the definition of staff and volunteers when they are functioning in their respective roles for the church:

- All clergy whether stipendiary, non-stipendiary, or otherwise who are engaged in ministry or service to the church
- All paid personnel whether employed by the church in areas of ministry or other kinds of services
- Those who contract their services to the church
- Volunteers, including any person who enters into or offers him or herself for a church related service, or who actually assists with or performs a service, whether or not they have been selected or assigned to do so

7.3. Examples of Staff and Volunteers:

- Children or youth choir directors
- Musicians who work with children or youth
- Lay youth ministers
- Volunteer youth directors
- Staff or volunteers who work or assist in the nursery
- All staff, whether volunteer or paid, participating in church activities
- Adults who participate in overnight activities with children or youth
- Church school teachers
- All persons who supervise or assist with supervising children or youth in ministries, programs or activities
- All persons who provide transportation to children or youth

7.4. Types of abuse:

- Physical abuse is non-accidental injury, which is intentionally inflicted upon a child, youth or vulnerable adult. Examples – overly punitive punishment inappropriate to the child's age or vulnerable adult's age or condition.
- Sexual abuse is any contact or activity of a sexual nature that occurs between an adult and a child, youth or vulnerable adult which is meant to arouse or gratify the sexual desires of the adult. Examples – rape, incest, prostitution, intercourse, or fondling.
- Sexual abuse is also any contact or activity of a sexual nature that occurs between a child or youth and another child or youth when there is no consent, when consent is not possible, or when one child or youth has power over the other child or youth. This

includes any activity which is meant to arouse or gratify the sexual desires of any of the children or youth.

- Emotional abuse is mental or emotional injury to a child, youth or vulnerable adult that results in an observable and material impairment in the said person's behavior, development or psychological functioning. Examples – extreme isolation, deprivation of parental affection, being called “bad”, “stupid” or other words that degrade or intimidate.
- Neglect is the failure to provide for the basic needs or to protect from harm a child, youth or vulnerable adult. Examples – withholding food, clothing, medical care, education, affection or affirmation.
- Economic exploitation is the deliberate misplacement, exploitation, or wrongful temporary or permanent use of belongings or money of a child, youth or vulnerable adult.
- Ritual abuse is regular and intentional physical, sexual, or psychological violations of a victim by someone responsible for the victim.
- Abandonment is the desertion of a vulnerable adult or child by someone who has responsibility for care or custody.

8 Forms & Documentation

The forms listed below and attached to this policy will be used in the implementation of ACUMC's Safe Sanctuary Policy and Procedures

- *Staff Application* *Pages 10-13*
- *Volunteer Application* *Pages 15-17*
- *Reference Contact Form* *Pages 18-19*
- *Criminal Background Check Form* *Pages 20-21*
- *Staff/Volunteer Covenant* *Pages 22*
- *Parental Permission Form* *Pages 23*
- *Computer Use Form* *Page 24*
- *Roster of Participants with Emergency Contacts* *Page 25*
- *Children & Youth Permission and Medical Consent Form* *Pages 26-28*
- *Adult Medical Consent Form* *Pages 29-31*
- *Accident Report* *Page 32*
- *Incident of Abuse or Harassment Report* *Pages 33-34*
- *Allegation of Abuse or Harassment Reporting Form* *Pages 35-36*
- *Safe Sanctuary Policy Waiver and Release Form* *Pages 37-38*

9 Staff Application

This application is used by the Staff and Parish Relations Committee to recruit and select all paid personnel whether employed by the church in areas of ministry or other kinds of services.

Application for Employment

Andrews Chapel United Methodist Church is an equal opportunity employer and does not discriminate on the basis of race, color, sex, national origin, age, disability or any other protected status in accordance with applicable local, state and federal laws.

PLEASE PRINT

Social Security #:		Date:	
Name (Last, First, MI):			
Position(s) applied for:			
For checking prior work/educational records, list all LAST names you have been known as:			
Address (Number / Street):			
City:		State:	Zip Code:
Telephone:	Home	Mobile	Other
Email (if applicable):			
If you are under 18, and it is required, can you furnish a work permit? If no, please explain:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible for employment in this country? <i>(Proof of citizenship or immigration status will be required upon employment.)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date available for work:			
Type of employment desired:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary
Are you able to perform the essential requirements of the job?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime? If yes, explain:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.</i>			

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Employment History				
Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.				
1 EMPLOYER	FROM	MO./ YR.	STARTING SALARY	JOB TITLE:
NAME OF COMPANY:			\$	DESCRIBE YOUR JOB DUTIES:
ADDRESS:			ENDING SALARY	
CITY, STATE, ZIP			\$	
PHONE NO.	TYPE OF BUSINESS:			REASON FOR LEAVING (Please Explain):
EXPLAIN ANY PERIOD BETWEEN JOBS:				MAY WE CONTACT EMPLOYER? [] YES [] NO
2 EMPLOYER	FROM	MO./ YR.	STARTING SALARY	JOB TITLE:
NAME OF COMPANY:			\$	DESCRIBE YOUR JOB DUTIES:
ADDRESS:			ENDING SALARY	
CITY, STATE, ZIP			\$	
PHONE NO.	TYPE OF BUSINESS:			REASON FOR LEAVING (Please Explain):
EXPLAIN ANY PERIOD BETWEEN JOBS:				MAY WE CONTACT EMPLOYER? [] YES [] NO
3 EMPLOYER	FROM	MO./ YR.	STARTING SALARY	JOB TITLE:
NAME OF COMPANY:			\$	DESCRIBE YOUR JOB DUTIES:
ADDRESS:			ENDING SALARY	
CITY, STATE, ZIP			\$	
PHONE NO.	TYPE OF BUSINESS:			REASON FOR LEAVING (Please Explain):
EXPLAIN ANY PERIOD BETWEEN JOBS:				MAY WE CONTACT EMPLOYER? [] YES [] NO

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CITY, STATE, ZIP			\$		NAME & TITLE OF IMMEDIATE SUPERVISOR:
PHONE NO.	TYPE OF BUSINESS:				
EXPLAIN ANY PERIOD BETWEEN JOBS:					MAY WE CONTACT EMPLOYER? [] YES [] NO

4 EMPLOYER	FROM MO./ YR.	STARTING SALARY	JOB TITLE:	REASON FOR LEAVING (Please Explain):	
NAME OF COMPANY:		\$	DESCRIBE YOUR JOB DUTIES:		
ADDRESS:	TO MO./ YR.	ENDING SALARY			
CITY, STATE, ZIP		\$	NAME & TITLE OF IMMEDIATE SUPERVISOR:		
PHONE NO.	TYPE OF BUSINESS:				
EXPLAIN ANY PERIOD BETWEEN JOBS:					MAY WE CONTACT EMPLOYER? [] YES [] NO

Educational Background									
EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED				GRADUATED	DEGREE	
HIGH SCHOOL			9	10	11	12	[] YES [] NO		
COLLEGE			1	2	3	4	[] YES [] NO		
GRADUATE SCHOOL			1	2	3	4	[] YES [] NO		
BUSINESS, TRADE, OTHER			1	2	3	4	[] YES [] NO		

List any other experience, training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Please indicate any prior military service which you would like considered in connection with your application for employment:

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References			
NAME	TELEPHONE	RELATIONSHIP	YEARS KNOWN

Please Read Before Signing the Following Affidavit

The information contained in this application is accurate and complete to the best of my knowledge and belief. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. Finally, I understand and agree that I am not obligated to disclose sealed or expunged records of convictions or arrests, and that you are prevented from asking whether I have had records expunged or sealed.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. I understand it is this church's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

If I am hired, I understand that I am required to abide by all rules and regulations of Andrews Chapel United Methodist Church of Jonesboro, GA and to comply with all policies and procedures in the church, By-Laws or other communications to employees. I further understand that policies and procedures of Andrews Chapel Methodist Church and all employment terms and conditions are subject to modifications without notice.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no representative of the employer, other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer of the church.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

APPLICANTS: DO NOT FILL IN THE BLANKS BELOW THIS LINE

CHURCH USE ONLY:

Employment Date: _____

Employment Status (FT, PT, Temp.) _____

Job Title: _____

Hourly/Monthly Rate: _____

Gender: _____

Date of Birth: _____

Emergency Notification: _____

Relationship: _____

Emergency Phone # _____

Approved By: _____

Date: _____

_____ **Federal W-4**

_____ **State W-4**

_____ **I-9**

_____ **Church By-Laws**

10 Volunteer Application

This application will be completed by anyone volunteering to lead or assist in a work area, activity or program of ACUMC. The information gathered in this application is designed to help provide quality programs in a safe environment for our congregation. Accordingly, ACUMC is relying on the accuracy of the information contained herein.

Name:	Age:	Date of Birth:
Address:		
City:	State:	Zip Code:
Day Phone:	Evening Phone:	
Email Address:		
Member of ACUMC since:		
Church Activities in which you have been involved since becoming a member of ACUMC:		
Current Job and Responsibilities:		
Has a civil lawsuit or employment or criminal complaint ever been filed against you for child abuse, physical abuse, sexual abuse or harassment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime related to child abuse, physical abuse, or sexual abuse?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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Have you left an assignment or employment or been removed from an assignment or employment for reasons related to allegations of child abuse, physical abuse, sexual abuse or harassment or for other inappropriate conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered yes to any of the questions above, please give details:

Volunteer Experience: Please list your volunteer experiences with ACUMC, other churches, civic and non-profit organizations. You may attach additional pages if needed.

Organization:	Volunteer Duties:	Dates of Service:	Supervisor:	Supervisor's Phone or Email Address:

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References: List at least three personal references that are <u>not relatives</u> that could attest to your character and leadership abilities:				
Name:	Relationship: (supervisor; co-worker, etc.)	Address:	Phone:	Email:
1.				
2.				
3.				
Applicant Verification and Release: Andrews Chapel United Methodist Church appreciates your willingness to share your faith, gifts, and skills. Providing safe and secure programs for members of our congregation is very important to us. Please read and attest to the statements below by signing the application where indicated:				
<ul style="list-style-type: none"> • I attest and affirm that all of the information that I have provided is absolutely true and correct. • I authorize ACUMC to contact any person or entity listed in this application, and I further authorize any such person or entity to provide ACUMC with information, opinions, and impressions relating to my background or qualifications. • I voluntarily release ACUMC and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. • I further authorize ACUMC to conduct a criminal background investigation if such check is deemed necessary. • I have carefully read the Safe Sanctuary policies and procedures of ACUMC, and I agree to abide by them and to protect the health and safety of the children, youth and vulnerable adults at all times. 				
Printed Name:				
Signature:			Date:	
This section for office use only:				
Date interview conducted:				
Date Criminal Background Check completed:				

11 Reference Contact Form

This form will be completed by the chairperson of the Committee on Nominations and Leadership Development. The information gathered on this form is designed to help us provide quality programs in a safe environment for our congregation. Accordingly, ACUMC is relying on the accuracy of the information contained herein.

Applicant Name:	
Person Making Reference Contact:	
Date and Time of Contact:	Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Face-to Face <input type="checkbox"/> Other
Introduction: _____ has applied to work with _____ at Andrews Chapel United Methodist Church and has given us your name as a reference. Would you mind answering a few questions? The information you provide will be kept confidential.	
1. What is your relationship to the applicant?	
2. How long have you known the applicant?	
3. In what settings have you observed the applicant?	
4. How would you describe the applicant's ability to relate to children or youth?	

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5. How would you describe the applicant's ability to relate to adults?

6. Do you know of any characteristics that would negatively affect the applicant's ability to work with children or youth? If so, please describe.

7. Would you want the applicant as a volunteer worker with your child? Why or Why not?

Using a scale of 1-10 (1=poor, 10=excellent) or the word Unknown please rate the applicant's personality or abilities:

_____ Responsible

_____ Exercises good judgment

_____ Patient

_____ Dependable

_____ Sensitive to needs of others

_____ Observant

_____ Encouraging

_____ Teaching/Coaching Skills

_____ Caring

Signature of Person Making Reference Contact:

Date:

12 Criminal Background Check

I, _____, hereby authorize Andrews Chapel United

Methodist Church to request information regarding any record of charges or convictions contained in files or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release the Police/Sheriff's Department and any company utilized to conduct the record checks from all liability that may result from any such disclosure made in response to this request.

Signature:		Date:
Full Name:		Social Security #:
Print all other names that have been used by you (if any):		
Date of Birth:		Place of Birth:
Driver's License #:	State:	Expiration Date:

List each address at which you have resided in the last ten years beginning with your current address:
1.
2.

3.
4.
5.
6.
7.
8.
9.
10.

13 Staff/Volunteer Covenant

I pledge to observe and abide by all policies regarding the ministry of children, youth and vulnerable adults. I have received a copy of the Safe Sanctuary policies and procedures and have read them.

I pledge that every word said and action taken is for the purpose of glorifying God and furthering His work. Not only do I represent my church and my family, I also realize that I am seen as a role model of a Christian and I promise to behave as such.

I will not have in my possession on church property firearms, fireworks, drugs, alcohol, or tobacco.

I understand that pranks are not allowed.

I agree to observe the two-adult rule as appropriate.

I agree to participate in training and education events related to my job or assignment.

I agree to promptly report abusive or inappropriate behavior to the appropriate persons.

I also pledge that I will not engage in abusive or inappropriate behavior.

Signature: _____ Date: _____

14 Parental Permission Form

Please clearly indicate the permissions and/or restrictions that apply to your child or youth by checking (✓) Yes or No below and providing additional information on the reverse side, if necessary. Sign, date, and return this form to Andrews Chapel UMC before your child or youth participates in the event or activity.

I. Pastoral Counseling:		Parental Consent
My child or youth may meet privately with the senior pastor of ACUMC to receive counseling.		<input type="checkbox"/> Yes <input type="checkbox"/> No
My child or youth may meet privately with ACUMC youth pastor to receive counseling.		<input type="checkbox"/> Yes <input type="checkbox"/> No
II. Release of Child or Youth To Adult Who Is Not The Parent/Guardian:		Parental Consent
The person in charge of the ACUMC sponsored activity has my permission to release my child or youth to _____ (print the person's legal name) and I will not hold the church liable if my child or youth is harmed while in this person's care.		<input type="checkbox"/> Yes <input type="checkbox"/> No
III. Photo/Video Release:		Parental Consent
Images (still and video) of my child or youth as a participant in ACUMC sponsored activities can be used, altered, and reproduced in any medium without compensation, including the church website in both secure (members only, password protected) and non-secured sections.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child/Youth Name:	Gender:	Age:
Parent/Legal Guardian Signature:	Date:	

Please note: This form will remain on file and function as a general permission form until rescinded in writing by a parent or guardian. Additional forms specific to events will still be required as needed.

15 Computer Use Form

This form must be on file at ACUMC in order for children and youth to use computers in the Christian Education Computer Lab. Access and read the full computer use policy in the ACUMC Policy Manual. Please complete, sign and return this form to the church secretary.

I. Child or Youth Agreement:

I have read and understand the church rules for responsible Christian Education Computer Use. I will use the computer system and Internet in a responsible way and obey these rules at all times.

Signature: _____

Date: _____

Please Print Name: _____

II. Parent's Consent for Internet Access:

I have read and understand the church rules for responsible use of the computers in the Christian Education Computer Lab and I:

- Give permission for my son / daughter to use the computers, including access to the Internet without adult supervision
- Understand that the church cannot be held responsible for the nature or content of materials accessed through the Internet
- Agree that the church is not liable for any harm arising from use of the Internet by my child or youth
- Agree to tell my child or youth that at no time should s/he be the only person in the Christian Education Computer Lab for his / her safety without my written permission
- Agree that the church is not liable for any harm to my child or youth arising from use of the Christian Education Computer Lab

Signature: _____

Date: _____

Please print name: _____

17 Children & Youth Permission and Medical Consent Form

As parent or legal guardian, I hereby give permission for my child to participate in the following activity (the "Activity") organized by Andrews Chapel United Methodist Church.

Name of Activity:		
Child's Full Name (Last, First, Middle):		
Sex:	Birthday:	Age:
Home Address:		
City:	State:	Zip Code:
Day Phone:	Evening Phone:	
Email Address:		
Emergency Contact:		
1. Name:		
Street Address:		
City:	State:	Zip Code:
Day Phone:	Evening Phone:	
Email Address:		
2. Name:		
Street Address:		
City:	State:	Zip Code:
Day Phone:	Evening Phone:	
Email Address:		
Does this child have any of the following allergies?		
Penicillin	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Drugs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insect Stings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ivy Poisoning, etc.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hay Fever	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Others (please list):	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in this activity? If yes, describe the problems or illnesses:	<input type="checkbox"/> YES <input type="checkbox"/> NO
This child's family physician and any other physician who should be consulted in the event of emergency or medical problems involving this child:	
Doctor's Name:	Medical Specialty:
Address:	Phone #:
This child's dentist (and orthodontist if applicable):	
Dentist's Name:	
Address:	Phone #:
Is there medical or hospitalization insurance which provides benefits for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please indicate:	
Name of Insurance Company:	
Address:	Phone #:
Name of Policy Holder:	Policy Number:
<i>A copy of the medical or hospitalization insurance card must be attached to this form. The form and copy of the insurance card will be destroyed <u>one year</u> after the conclusion of the activity.</i>	
Date of this child's last tetanus shot:	
Are there any activities, such as strenuous activities, to be restricted for this child? If so, describe:	
Is this child on any medications? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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If so, please state the medication:
If so, will this child be bringing to the activity the medications that he/she should be taking? [] YES [] NO
Describe any dietary restrictions that this child is required to observe:
Other comments or suggestions from the parent or guardian concerning this child:

I understand that Andrews Chapel UMC does not carry medical and hospitalization insurance coverage. I understand that I am responsible for having personal medical and hospitalization insurance for my family.

I further understand that, in the event my child requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

Signature _____ Date _____
(Parent or Guardian)

Witness _____ Date _____

18 Adult Medical Consent Form

Name of Activity:		
Your Full Name (Last, First, Middle):		
Sex:	Birthday:	Age:
Home Address:		
City:	State:	Zip Code:
Day Phone:	Evening Phone:	
Email Address:		
Emergency Contact:		
1. Name:		Relationship to You:
Street Address:		
City:	State:	Zip Code:
Day Phone:	Evening Phone:	
Email Address:		
2. Name:		Relationship to You:
Street Address:		
City:	State:	Zip Code:
Day Phone:	Evening Phone:	
Email Address:		
Do you have any of the following allergies?		
Penicillin	[] YES [] NO	
Other Drugs (please list):	[] YES [] NO	
Insect Stings	[] YES [] NO	
Ivy Poisoning, etc.	[] YES [] NO	
Hay Fever	[] YES [] NO	
Others (please list):	[] YES [] NO	

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Do you have any medical or health problems; any chronic or recurring illness; and / or any restrictions which would have an effect on your participation in this activity? If yes, describe the problem, illness or restriction:	<input type="checkbox"/> YES <input type="checkbox"/> NO
What medications are you taking? List the names and dosages:	
Describe any dietary restrictions that you observe:	
Other health conditions / pertinent information:	
Who is your Primary Physician and / or any other physician who should be consulted in the event of emergency or medical problems involving you:	
Primary Doctor's Name:	Medical Specialty:
Address:	Phone #:
Other Doctor's Name (if applicable) :	Medical Specialty:
Address:	Phone #:

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Do you have medical or hospitalization insurance? If so, please indicate:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Insurance Company:		
Address:	Phone #:	
Name of Policy Holder:	Policy Number:	
<i>A copy of the medical or hospitalization insurance card must be attached to this form. The form and copy of the insurance card will be destroyed <u>one year</u> after the conclusion of the activity.</i>		

I understand that Andrews Chapel UMC does not carry medical and hospitalization insurance coverage. I understand that I am responsible for having personal medical and hospitalization insurance for my family.

I further understand that, in the event that I require medical or dental treatment while engaged in the activity and I am unable to act on my own behalf, I hereby consent and give permission to the ministry's sponsor or any adult acting on behalf of the ministry with respect to the activity, to act as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my medical allergies, medications being taken, medical problems and other pertinent information. I am able to participate in all prescribed activities except as noted by me.

Signature _____ Date _____

Witness _____ Date _____

19 Accident Report

Date Form Completed:			
Name of person reporting the accident:			
Home Phone:		Work/Cell Phone:	
Location of the accident:		Date of the accident:	Time of accident:
Description of the accident:			
Names & Phone # of other witnesses to the accident:			
Name of injured:		Age of injured:	
Parent or Guardian of injured:		Date and Time when notified:	
Home Phone:		Work/Cell Phone:	
Street Address:		City:	
ACUMC Staff notified	Name(s):	Date(s):	Time:
Resolution/Follow-up:			
Signature of person completing this Accident Report:			

20 Abuse or Harassment Incident Report

Date Form Completed:			
Name of person reporting the incident:			
Home Phone:		Work/Cell Phone:	
Names & Phone # of other witnesses to the incident:			
Victim's Name:		Victim's age:	
Name of Victim's Parents or Guardians:			
Home Phone:		Work/Cell Phone:	
Street Address:		City:	
When incident was observed	Date:	Time:	Location:
Description of the incident (include words spoken and behavior or actions observed): Continue on reverse side if needed.			

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Physical Evidence:

ACUMC
Staff
notified

Name(s):

Date(s):

Time:

Signature of person completing this Incident Report:

21 Allegation of Abuse or Harassment Reporting Form

This form will be completed by the **Senior Pastor** or designated staff. The information gathered on this form is designed to help us provide quality programs in a safe environment for our congregation. Accordingly, ACUMC is relying on the accuracy of the information contained herein.

Name of person completing this report form:			
Name of person reporting the misconduct:			
Name(s) of other witnesses to the misconduct:			
Victim's Name:		Victim's age:	
Name of Victim's Parents or Guardians:			
The incident	Date:	Time:	Location:
Brief description of the incident as reported:			
Initial conversation with victim	Date:	Time:	Location:
Description of initial conversation with victim:			
Name of person accused of abuse or misconduct:			

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Initial conversation with person accused:	Date:	Time:	Location:
Description of initial conversation with person accused:			
Initial contact with victim's parent or guardian	Date:	Time:	
Description of initial conversation with victim's parent or guardian:			
Report to Child Protective Services Agency (if required)	Person spoken to:	Date:	Time:
Content of conversation with Child Protective Services Agency:			
Report to Law Enforcement Agency	Person spoken to:	Date:	Time:
Content of conversation with Law Enforcement Agency:			
Signature of person completing the report:			
Date report form completed:			

22 Safe Sanctuary Policy Waiver and Release Form

For outside groups using facilities of Andrews Chapel United Methodist Church

In consideration of the right to periodic access to and use of the premises of the Andrews Chapel United Methodist Church, 122 Watterson Street, Jonesboro, Georgia, I _____,

(Name of individual signer)

as an agent of _____, authorized by said _____

(Name of organization/group)

(Name of group)

to bind _____, its members, assignees, volunteers and guests

(Name of group)

to the terms of this Waiver and Release, do agree as follows:

I, on behalf of _____ agree to release, waive, discharge, and

(Name of group)

hold harmless, defend and indemnify Andrews Chapel United Methodist Church from any and all claims, actions, or losses for bodily injury, abuse, sexual misconduct/sexual abuse by any person acting as a member of _____, agent, thereof, or person present on the premises of

(Name of group)

Andrews Chapel United Methodist Church by invitation of _____.

(Name of group)

I specifically understand that, by signing this Waiver and Release on behalf of _____,

(Name of group)

I acknowledge receipt of a copy of the Andrews Chapel United Methodist Church Safe Sanctuary policy on behalf of _____.

(Name of group)

I further understand that by signing this Waiver and Release that I am personally accepting responsibility to convey, in both oral and written form, a copy of this Safe Sanctuary policy to all members of

(Name of group)

ANDREWS CHAPEL UNITED METHODIST CHURCH ASSUMES NO LIABILITY FOR ANY INCIDENT OF CHILD ABUSE OR SEXUAL MISCONDUCT/SEXUAL ABUSE WHICH TAKES PLACE UNDER THE AUSPICES OF AN OUTSIDE ORGANIZATION.

THIS CONSTITUTES A WAIVER OF LIABILITY BY ANDREWS CHAPEL UNITED METHODIST CHURCH.

BY SIGNING THIS WAIVER AND RELEASE, I AGREE TO ITS TERMS ON BEHALF OF _____.

(Name of group)

Signature

Date

Printed Name

Group Name