

# SAFE SANCTUARY POLICY

This sheet is designed to provide a resource of key persons which could be helpful in reporting a suspected incident. This information should be readily available and updated regularly.

Name of Church: Collins & West Hartland United Methodist Church

Address: 4290 Hartland Center Rd, Collins, OH 44826

Address: 1401 Zenobia Rd, Norwalk, OH 44857

Phone Number: (419) 668-6203

Emergency Phone Numbers:

Pastor Name and Phone Number: Rev. Josh Arrington (567) 424-6094

Other Church Leaders Name and Phone Number: Bob Crites (567) 424-6245

Other Church Leaders Name and Phone Number: Cathy Seamans (419) 681-4371

Other Church Leaders Name and Phone Number: Joe Kovach (440) 653-0438

Name, Address, Phone Number of District Superintendent: Rev. Doug Lewis

3 Stower Lane, Unit 5, Norwalk, OH 44857 (419) 668-6115

Name, Address, Phone Number of Church Attorney: \_\_\_\_\_

\_\_\_\_\_

Name, Address, Phone Number of Church Insurance Agent: \_\_\_\_\_

\_\_\_\_\_

Huron County Children Services Phone Number: (419) 663-5437

Huron County Department of Family Services Phone Number: (419) 668-8126

Local Law Enforcement Agency Phone Number: (419) 663-6780 Norwalk Police

(440) 8392511 Wakeman; (419) 588-2055 Berlin Heights; (419) 668-6912 Sheriff's office

Designated Media Spokesperson: \_\_\_\_\_

# **SAFE SANCTUARY POLICY**

**Collins & West Hartland  
United Methodist Church  
Adopted March 11, 2019**

## **INTRODUCTION**

“People were bringing little children to Jesus for him to place his hands on them, but the disciples rebuked them. When Jesus saw this, he was indignant. He said to them, “Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these. Truly I tell you, anyone who will not receive the kingdom of God like a little child will never enter it.” And he took the children in his arms, placed his hands on them and blessed them.” Mark 10:13-16 (NIV)

Our church strives to provide “Safe Sanctuary” for all God’s children. We are seeking ways to improve and better implement “Safe Sanctuary” guidelines to protect our children, youth and adults to make our congregation a safe place where everyone may experience the abiding love of God and fellowship within the community of faith. This includes children’s check in/out procedures, training and background checks for those working with children and youth, and procedures that guide the interaction of children, youth and adults.

As much as we do not like to think about abusive and hurtful things happening in the church, it is our duty as the Church to guard and protect the children, youth, adults, church staff, and volunteers who participate in our ministries.

The General Conference of The United Methodist Church, in April 1996, adopted a resolution aimed at reducing the risk of child sexual abuse in the church. The adopted resolution includes the following statement:

Our Christian faith calls us to offer both hospitality and protection to the little ones, the children. The Social Principles of The United Methodist Church state that “...children must be protected from economic, physical and sexual exploitation, and abuse.”

Tragically, churches have not always been safe places for children. Child sexual abuse, exploitation and ritual abuse occur in churches, both large and small, urban and rural. The problem cuts across all economic, cultural and racial lines. It is real, and it appears to be increasing. Most annual conferences can cite specific incidents of child sexual abuse and exploitation in their churches. Virtually every congregation has among its members adult survivors of early sexual trauma.

Such incidents are devastating to all who are involved: the child, the family, the local church and its leaders. Increasingly, churches are torn apart by the legal, emotional, and monetary consequences of litigation following allegations of abuse.

God calls us to make our churches safe places, protecting children and other vulnerable persons from sexual and ritual abuse. God calls us to create communities of faith where children and adults grow safe and strong. (From *the Book of Resolutions of the United Methodist Church - 1996. [pp. 384-386]*)

Thus, in covenant with all United Methodist congregations, we adopt this policy for the prevention of child abuse in our annual conference.

## **PURPOSE**

Our congregation's purpose for establishing this Safe Sanctuaries policy and the accompanying guidelines is to demonstrate our strong and unwavering commitment to the physical safety and spiritual growth of all our children, youth and adults.

## **STATEMENT OF COVENANT**

Therefore, as a Christian community of faith and a United Methodist congregation, we pledge to engage in the ministry of the Gospel in ways that assure the safety and spiritual growth of all our children, youth and adults, as well as all the workers with children, youth and adults. We will follow reasonable safety measures in the selection and recruitment of workers. We will implement prudent operational procedures in our programs and events. We will educate all our workers with children, youth and adults regarding the use of appropriate policies and methods. We will have a clearly defined procedure for reporting a suspected incident of abuse that conforms to the requirements of state law. We will be prepared to respond to media inquiries if an incident occurs.

## **CONCLUSION**

In all our ministries with children, youth and adults, this congregation is committed to demonstrating the love of Jesus Christ so that each person will be "...surrounded by steadfast love...established in the faith and confirmed and strengthened in the way that leads to life eternal." (Baptismal Covenant II, *United Methodist Hymnal*, p. 44)

# SAFE SANCTUARY GUIDELINES

## Collins & West Hartland United Methodist Church Adopted March 11, 2019

### DEFINITIONS

**Abuse** – The infliction of physical pain or injury or the willful deprivation of services necessary to maintain mental and physical health, by a caregiver or other person.

**Adult** - a person at least 18 years of age.

**Caregiver** – An individual who has responsibility for the care of a vulnerable person because of a family relationship, or who has assumed that responsibility voluntarily, by contract, or because of the ties of friendship.

**Child or Minor** - a person under 18 years of age.

**Child Abuse** - consists of any of the following:

1. Engaging in any sexual activity with a child as defined under Chapter 2907 of the Ohio Revised Code; or
2. Endangering a child, as defined under Section 2919.22 of the Ohio Revised Code\*\*; or
3. Denial, as means of punishment, of proper or necessary subsistence, education, medical care, or other care necessary to a child for the child's health; or
4. Use of restraint procedures on a child that cause injury or pain; or
5. Administration of prescription drugs to a child without the written approval and ongoing supervision of a licensed physician; or
6. Providing alcoholic beverages or controlled substances to a child; or
7. Commission of any intentional act that results in any injury or death to a child; or
8. Infliction of physical or mental injury that threatens to harm a child's health, welfare, or safety.

\*\* in its present form, this law defines "child endangerment" to include any of the following: (1) abuse; or (2) torture or cruel abuse; or (3) corporal punishment or other physical discipline (e.g. such as spankings) or prolonged cruel restraint, which is excessive under the circumstances, and which could likely physically injure the child; or (4) repeated, uncalled-for discipline which, if continued, would seriously impair the child's mental health or development; or (5) involving the child in any obscene, sexually-oriented, or nudity-oriented activity or conduct.

**Emotional Abuse** – The intentional or reckless infliction of emotional or mental anguish, or the use of a physical or chemical restraint, medication or isolation as punishment or as a substitute for treatment or care of any vulnerable person.

**Exploitation** – The expenditure, diminution, or use of the property, assets or resources of a vulnerable person without the express voluntary consent of that person or his or her legally-authorized representative.

**Financial Exploitation** – The use of deception, intimidation, undue influence, force or threat of force to obtain or exert unauthorized control over a vulnerable person’s property, with the intent to deprive the vulnerable person of that property.

**Neglect** – The failure of a caregiver or other person to provide food, shelter, clothing, medical services, medication or health care for a vulnerable person.

**Ritual Abuse** – regular intentional physical, sexual, or psychological violations of a vulnerable person to appeal to a higher authority of power

**Staff Person** – Any person employed by the church.

**Volunteer** – A person eighteen (18) years of age or older who assists in conducting activities for vulnerable persons.

**Vulnerable Person**– Any child or youth, as well as any adult whose behavior indicates that he or she is mentally or emotionally incapable of adequately caring for himself or herself and his or her interests without adverse consequences to himself or herself or others, or who, because of physical or mental impairment, is unable to protect himself or herself from abuse, neglect, exploitation, sexual abuse, or emotional abuse by others.

**Safe Sanctuary** - a policy and guidelines developed to protect our vulnerable persons to make our congregation a safe place where everyone may experience the abiding love of God and fellowship within the community of faith. This includes children’s check in/out procedures, training and background checks for those working with vulnerable persons, and procedures that guide the interaction of children, youth and adults.

## **SELECTION AND SCREENING**

To create a safe environment within our church, volunteers working with vulnerable persons and all paid staff will be screened and will be trained on safe sanctuaries guidelines.

Current or new staff person should:

- receive a written job description
- complete a confidential application form with 3 reference checks including former employees. All references will be checked.
- complete a background check consent form
- receive appropriate clearances of all background checks
- undergo a personal interview
- attend yearly safe sanctuary training
- renew a background check every 3 years

Regular, occasional, and last-minute volunteers should:

- complete a confidential application form

- provide 3 references; All references will be checked
- complete a background check consent form
- attend yearly safe sanctuary training
- receive appropriate clearances on all background checks
- participate in an interview if one of the following indications is present:
  - the person wants to work alone
  - the person has indicated that they have been charged with a crime against children or youth; (persons who may pose a threat, have been previously convicted, plead guilty or no contest to a crime against vulnerable persons will not be placed in a position involving access to vulnerable persons)
  - upon checking references or completion of the background check, issues are raised which require clarification
- complete an Annual Renewal Application each year

All records, forms and reports will become a part of the employee's confidential personnel file. All volunteers' records, forms and reports will be kept on confidential file by the Safe Sanctuary Administrator at the local church.

## **SUPERVISION OF VULNERABLE PERSONS**

***Two-Adult Rule*** – Two non-related adult workers will be present with vulnerable persons during church-related activities whenever possible except in emergency situations.

***Rule of Three*** – For the times when the Two-Adult Rule cannot be supported, at least three individuals (at least one being an adult) will be present with vulnerable persons during church-related activities. An adult supervisor acting as a “premises monitor” will make unannounced visits frequently, particularly when the two-adult rule is not feasible and will patrol hallways and common areas within the church facility when vulnerable person's activities are taking place.

***Rest Room Guidelines*** – When using the restroom, vulnerable persons will be accompanied by an adult to and from the restroom. Before any vulnerable person enters the restroom, the adult will enter the restroom to make sure that it is safe. If assistance is required, the adult will assist the individual with the door propped open so that a second screened adult can visually monitor the assisting adult. It is recommended that two adults be present when assistance will be required in the restroom. When restrooms are directly accessible to vulnerable persons where activities are taking place and not accessible to the public, vulnerable persons can be allowed to utilize the restroom alone.

### ***Suggested Adult to Child Ratios***

- a) 1:5 under the age of 5
- b) 1:8 for children aged 5 - 18

***Windows/Open Doors*** -All rooms where vulnerable persons are meeting will have windows (in doors or walls), half doors or open doors for all teaching/learning activities.

**Sign-in/Sign-Out Procedures** - Persons responsible for children who are infants through third grade will sign in their child and indicate the pre-authorized person(s) to whom the child may be signed out for both Sunday school and other children's activities. No child should ever be left unattended.

**Attendance & Record Retention** – All activities including vulnerable persons should have a written record of the names of participants, including the leaders/supervisors. Records should be kept for a minimum of three years.

### **Overnight Activities**

1. Hotel Setting: No adults in the bed with a child. If possible, choose hotels with rooms opening to inside hallway.
2. Bunkroom Setting: At least 2 same gender adults may sleep in a large room with multiple bunk beds.
3. Off-site trips information exchange:
  - a. Parent must receive contact info to include:
    - i. start/stop times
    - ii. location of event
    - iii. program content
    - iv. lodging information
    - v. covenant rules expected of their child
  - b. Staff/volunteer/drivers must receive:
    - i. all contact information for parents
    - ii. signed parent/guardian permission/liability form
    - iii. health/emergency information

### **Transportation:**

1. Driver must be known to the designated leader of the event;
2. Driver must be at least 21 years old;
3. Driver must have a valid state driver's license for the vehicle being operated;
4. Driver must have proof of insurance;
5. Driver must be accompanied by at least two children or youth; and
6. Driver must have read and signed an acknowledgment form indicating that the policy has been read and will be followed. (See forms)

### **Outside Groups Meeting in Your Church Facilities**

It is recommended that the local church's board of trustees/Safe Sanctuary team require that all outside organizations review and agree to comply with all the church's safe sanctuary policies.

### **Social Media and Technology**

Given the increased use of technology and social media in the life of the church and its individual members, faith communities have a responsibility to define social media policies that uphold the covenant to create Safe Sanctuaries for vulnerable persons. To this end, following are guidelines for the use of social media, technology and the internet:

- We will protect the privacy and identity of all vulnerable persons in online writings, postings and discussions.
  - Volunteers and staff must not post photos or video that identifies vulnerable persons by name, address, or other specific identification on any online site or printed publication without written consent from a parent or legal guardian.
  - All social media groups (Facebook, etc.) associated with preschool, children's or youth ministry areas should be designated as "closed" groups, requiring all those who wish to gain access to be approved by the group's administrator(s).
  - All church-related social media groups (Facebook, etc.) and pages must have at least two administrators. If an administrator is no longer associated with the ministry, that individual's administrative status must be revoked.
  - Photos of vulnerable persons may only be published or posted on social media (Facebook, etc.) after a photo release has been signed by their parent/guardian. It is suggested that all permission slips contain a statement that approval to participate in the event includes approval for photographs to be used in church-related media. Photos used in other mediums, such as church newsletters, websites, blogs, twitter pics, etc., must not include any identifying information of minors without permission.
  - Photos may only be posted to the social media (Facebook, etc.) page by page administrators. Adults (staff, volunteers, parents, etc.) should not identify minors in photographs posted online or in print. Individuals (including minors) are welcome to identify (i.e. "tag") themselves.
  - When checking in on Foursquare, Facebook, or any location tagging social media, only "check-in" yourself. Never check in minors. Be sensitive to tagging or revealing other participants' location without their expressed permission. Rather, create a hashtag to facilitate conversation.
  - In the case of clergy/professional staff and church member online connections, friend requests, follow requests, circle requests, etc. should be initiated by the church member, especially if the church member is a vulnerable person.
- We will maintain appropriate relational boundaries with minors.
  - No adult shall initiate social media (Facebook, etc.) contact with or "friend" a vulnerable person. When accepting the "friend" requests of a vulnerable person, care should be taken to respect the ministry and discipleship work of the local faith community to which they belong. Any conversations on Social Media with vulnerable persons shall occur in open channels, or with multiple parties present in the conversation thread.
  - When emailing, texting, tweeting, posting or messaging a vulnerable person, adults should copy another adult (ideally a parent or guardian) on the message, or post it in a public venue (i.e. a Facebook wall as opposed to a private message). This will allow adults to maintain the "two adults present" Safe Sanctuaries standard when using social media. Platforms promising discrete conversations and secrecy (Snap Chat, Facebook Poke, etc.) should be avoided.
  - Social media, even though it offers convenient and private channels, is not an appropriate medium for counseling - especially with vulnerable persons. Begin or transition a pastoral conversation into an appropriate Safe Sanctuary model (i.e. office with windows, two adult rules, etc.).
- We shall not engage in, encourage or condone cyber-bullying. Every children's ministry and youth ministry group, and adult volunteer training session is encouraged to include in its teaching a session on the types and consequences of cyber-bullying, including how to identify it and how to report it.
- We shall educate our congregation in the effective and safe use of social media and technology to live out their Christian witness in what they write, post, share, and view.

- We all must understand, and teach to vulnerable persons, that once something is posted on web, sent via email or sent via text, it is impossible to fully recover or erase it. There should be no expectation of privacy or reasonable expectation that the information stops with the person for whom it was intended. The promises of *privacy* offered by apps (like Snap Chat) are illusionary.
- *A good rule of thumb:* If you don't want it posted on the church sign, website, or bulletin, do not text it or post it via social media.

## RESPONSE TO INJURIES AND ACCIDENTS

To assure proper attention was given to any injury or accident, an incident report must be completed by the adult supervisor as soon as is practical, and always within 24 hours of the incident whenever a vulnerable person is injured.

## RESPONSE TO ALLEGATIONS OF ABUSE

As caring Christians, we are committed to protect and advocate for vulnerable persons participating in the life of the church. We seek to provide a supportive atmosphere, offering both objectivity and empathy as we seek to create a climate in which healing can take place. It is our legal and moral responsibility to report suspected abuse whenever it comes to our attention regardless of where that abuse takes place.

Be prepared to do the following:

*PLEASE NOTE: MANY STEPS SHOULD BE DONE SIMULTANEOUSLY*

- Secure any needed emergency medical help and address any needs the person may have. This may include calling 911 when needed.
- **IMMEDIATELY** notify the proper authorities (children services board, the county department of human services exercising the children services function, or a local law enforcement agency in the county in which the children/youth resides or in which the suspected abuse occurred) and the Pastor. Reference section 2151.421 of the Ohio Revised Code. Do not attempt an investigation. This should be left to the professionals who are familiar with these cases.
- Simultaneously notify the parents or legal guardian of the victim and take whatever steps are necessary to assure the safety of the children/youth until the parent(s) or legal guardian arrives. It is important to emphasize that the proper authorities must be notified even if the parent(s) or legal guardian do not wish the incident to be reported.
- Note: if one or both parents or legal guardian is the alleged abuser, contact the proper authorities. Follow their advice about notification of the parents.
- Take any allegations seriously and reach out to the victim and the victim's family. Showing care and support help to prevent further hurt. Extend whatever pastoral resources are needed. Remember that the care and safety of the victim is the priority. Respond in a positive and supportive manner to the alleged victim and the victim's family.
- After having reported the suspected abuse to the proper authorities, the incident is to be reported immediately to the church's attorney, the church's insurance company, and the district superintendent. Do not try to handle this without professional assistance. If the accused is a clergy member of the annual

conference, local pastor, or diaconal minister, provisions of Paragraph 363 and Paragraphs 2701-2719 of *The Book of Discipline of the United Methodist Church 2012* must be followed.

- A written report of the basic information shall be kept, to ensure on-going ministry to, and advocacy for, victims and others involved. Use the “Report of Suspected Incident of Child Abuse” form for this report. The report shall be brief and contain only facts and information relevant to the situation. It shall be filed in a secure place, to ensure confidentiality. It shall be written in ink or typed to prevent it from being changed. The report shall be filed in the church office where it shall remain confidential.
- Immediately, yet with dignity and respect for the sacred worth of the accused, remove the accused from further involvement with vulnerable persons.
- Once the proper authorities have been contacted and the safety of the vulnerable person is secured, the pastor or other designated person may tell the accused that a report has been made. If the accused is a volunteer or paid staff of the church, that person shall be temporarily relieved of his or her duties until the investigation is finished. If the accused is a paid staff person of the church, arrangements should be made to either maintain or suspend his or her income until the allegations are cleared or substantiated.
- Any contact with the media should be handled by the Communications Department as part of the Crisis Response Plan (in cooperation and coordination with the Director of Connectional Ministries). Care will be taken to safeguard the privacy and confidentiality of all involved. The spokesperson should generally convey that the matter is under investigation and any comments would be premature.

## **TRAINING OF PERSONS WHO WORK WITH VULNERABLE PERSONS**

The church shall provide regularly scheduled training focused on issues of child protection for those working with children and youth. Attendance at this training or a district or conference sponsored training session shall be required of all adults and youth helpers who will have direct contact with vulnerable persons in the church’s ministry.

The training may include:

1. The definition and recognition of abuse
2. The church’s policies on reporting abuse and appropriate forms.
3. The purposes of the policy as protection for children/youth and for church staff/volunteer workers.
4. The meaning and importance of confidentiality.
5. The maintenance of a positive learning classroom environment, including appropriate discipline and age-level characteristics.
6. The appropriate behavior for teachers and leaders.



At Collins & West Hartland UMC, we believe that it is important for volunteers who are nurturing the faith foundation of others to also be nurturing their personal faith development.

How would you describe your desire to grow in your faith and your spiritual practices? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be available for periodic volunteer training sessions? Yes \_\_\_\_\_ No \_\_\_\_\_

Our church has an open-door policy which means that a parent, volunteer, or church staff member can visit/observe at any time. Are you comfortable with this atmosphere? \_\_\_\_\_

Our church encourages the use of two teachers/leaders for all vulnerable person's activities. Are you comfortable with team teaching? \_\_\_\_\_

Have you ever been charged with, convicted of, pleaded guilty to, or no contest to a crime against children or other persons?

\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain – attach a separate page, if necessary)

Have you ever participated in or been accused of any act of abuse or sexual misconduct against a vulnerable person?

\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain – attach a separate page, if necessary)

Are you aware of any traits or tendencies you possess that could pose a threat to vulnerable persons?

\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain – attach a separate page, if necessary)

#### CHURCH HISTORY AND PRIOR YOUTH WORK

How long have you been attending this United Methodist Church? \_\_\_\_\_

Name of church of which you are a member: \_\_\_\_\_

List (names and address) of other churches you have attended regularly during the past five years:

\_\_\_\_\_  
\_\_\_\_\_

List all previous church work involving youth (list each church's name and address, type of work performed, and dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all previous non-church work involving youth (list each organization's name and address, type of work performed, and dates): \_\_\_\_\_

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**COLLINS & WEST HARTLAND UNITED METHODIST CHURCH  
AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ Church to request the background screening entity to release information regarding any record of convictions contained in its file, 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 or vulnerable adults, to the fullest extent permitted by state and federal law. I do release said church and background screening entity from all liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_  
**Signature of Applicant** \_\_\_\_\_  
**Date**

Print applicant's full name: \_\_\_\_\_

Print all other names that have been used by applicant (if any): \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number (if required): \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State issuing license: \_\_\_\_\_ License expiration date: \_\_\_\_\_

Request sent to (agency/law enforcement department):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**COLLINS & WEST HARTLAND UNITED METHODIST CHURCH**

**SAFE SANCTUARIES PARTICIPATION COVENANT STATEMENT**

The congregations of Collins & West Hartland Churches are committed to providing a safe and secure environment for all vulnerable persons and volunteers who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. No adult who has been convicted of abuse of any vulnerable person (either sexual abuse, physical abuse, emotional abuse, or financial exploitation) should volunteer to work with vulnerable persons in any church-sponsored activity.
2. All adult volunteers involved with vulnerable persons of our church must have been members of, or been attending the congregation for at least six months before beginning a volunteer assignment.
3. Adult volunteers with vulnerable persons shall observe the "Two-Adult Rule" and "Rule of Three" always, so that no adult is ever alone with vulnerable persons.
4. Adult volunteers with vulnerable persons shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding abuse.
5. Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

**Please answer each of the following questions:**

1. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with vulnerable persons?  
 Yes  No
2. As a volunteer in this congregation, do you agree to observe the "Two-Adult Rule" and "Rule of Three" always?  
 Yes  No
3. As a volunteer in this congregation, do you agree to abide by the six-month rule before beginning a volunteer assignment?  
 Yes  No
4. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment?  
 Yes  No
5. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor?  
 Yes  No
6. As a volunteer in this congregation, do you agree to inform a minister of this congregation if you have ever been convicted of abuse?  
 Yes  No

I have read this **Participation Covenant**, and I agree to observe and abide by the policies set forth above.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Print full name \_\_\_\_\_

**COLLINS & WEST HARTLAND UNITED METHODIST CHURCH**

**REFERENCES**

Please list three persons who are familiar with your character, particularly as it relates to supervision of children or youth. Include the pastor of the church most recently attended. None of the references may be a relative. References will be checked.

1. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone Cell Phone

2. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone Cell Phone

3. \_\_\_\_\_  
Name Relationship

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone Cell Phone



**COLLINS & WEST HARTLAND UNITED METHODIST CHURCH  
INCIDENT REPORT**

This form is to be completed by the adult supervisor whenever an incident (for example: injury, accident, etc.) occurs. A copy is then to be given to the child's parent/guardian and the pastor. The church must also keep a copy of the completed form.

Name of class or activity: \_\_\_\_\_ Adult supervisor: \_\_\_\_\_

Name of injured child: \_\_\_\_\_ Birthdate of child: \_\_\_\_\_ Age: \_\_\_\_\_

Parents/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Description of incident:

1. Describe the incident (use back of page if necessary).
2. Where in the facility or elsewhere did the incident occur?
3. What area of the child/youth's body was injured?
4. What was the child/youth doing when the incident happened?
5. How did the incident happen?
6. Give the names of adults supervising the child/youth at the time of the incident.
7. Give the name(s) of any other witnesses to the incident.
8. How did the child/youth respond after the incident?
9. Was first aid given or some other action taken? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes by whom?

Describe:

10. Who notified the parent and when?

Signature of person completing the form: \_\_\_\_\_

Date: \_\_\_\_\_

**COLLINS & WEST HARTLAND UNITED METHODIST CHURCH**

**REPORT OF ALLEGED ABUSE**  
**(Please complete in ink or type)**

This form is to be completed by the person who observed the suspected abuse or to whom the suspected abuse was disclosed.

Name of accused: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of victim: \_\_\_\_\_ Age: \_\_\_\_\_

Parents/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Nature of abuse: \_\_\_\_\_

\_\_\_\_\_

Site/location: \_\_\_\_\_

Date(s) if possible: \_\_\_\_\_ Time(s): \_\_\_\_\_

Date on which this information was given: \_\_\_\_\_

When was Children Services or the local law enforcement agency contacted? \_\_\_\_\_

Who contacted Children Services or the local law enforcement agency? \_\_\_\_\_

Who has received this information? \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other information which will be helpful:

Place in a secure file in the church office. The church must also file a copy of this form with the bishop's office of the East Ohio Conference where it will be placed in a secure file.

**COLLINS & WEST HARTLAND UMC CHILDREN'S INFORMATION FORM**

(Birth through Grade 5)

Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Additional contact person & phone # \_\_\_\_\_

Where will you be during activity (worship, Sunday school class, small group, etc.) and what is the best way to contact you (cell phone, text, etc.)? \_\_\_\_\_

Who has permission to pick up your child? \_\_\_\_\_

Child's allergies:

Child's special needs:

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Choice of hospital: \_\_\_\_\_

\_\_\_\_\_ **has** my permission to participate in the following activities sponsored by  
(NAME OF STUDENT)  
\_\_\_\_\_ United Methodist Church (hereinafter referred to as the "Church").

\_\_\_ Sunday School \_\_\_ Wednesday Night \_\_\_ Children's Choir \_\_\_ Nursery \_\_\_ Childcare during church  
functions Other: \_\_\_\_\_

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from all liability for any injury, loss, or damage to person or property that may occur during my/our child's involvement. If he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Occasionally, \_\_\_\_\_ UMC uses photographs/videos of children/youth in publicity such as newspapers, newsletters, brochures, etc. and on the church websites. **No last names will be used on the internet.** Please check one of the options below and sign underneath:

I give permission for \_\_\_\_\_ UMC to use my child's picture/video in public materials.

Please do not include my child's picture/video in any publicity.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COLLINS & WEST HARTLAND UNITED METHODIST CHURCH  
YOUTH MEDICAL RELEASE & PERMISSION FORM**

Effective dates: \_\_\_\_\_ to \_\_\_\_\_

**Student Information**

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Name \_\_\_\_\_  Male  Female Home phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_  
Grade this school year \_\_\_\_\_ School \_\_\_\_\_ Child/Youth Email \_\_\_\_\_  
 Check here to give \_\_\_\_\_ UMC staff permission to use social media or email/text this child/youth regarding program activities.  
Mother's name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_  
Father's name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_  
Emergency contact 1 \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Emergency contact 2 \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_  
Physician \_\_\_\_\_ Office phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Office phone \_\_\_\_\_  
Hospital of preference \_\_\_\_\_

**Medical History**

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1. Student is permitted to take  Tylenol  Aspirin  Advil for headache
2. Student allergic to: \_\_\_\_\_
3. Is student subject to motion sickness? \_\_\_\_\_ If yes, is student permitted to take Dramamine or other (please list) motion sickness medication? \_\_\_\_\_
4. Any other health concerns that the staff needs to be aware of? \_\_\_\_\_
5. Food restrictions: \_\_\_\_\_
6. Drugs and dosage currently taken: \_\_\_\_\_
7. Date of last tetanus shot: \_\_\_\_\_
8. Please list and explain any major illnesses the child experienced during the last year: \_\_\_\_\_
9. Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. **Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church prior to that event.**

## Code of Conduct – for the Student

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### For your information, we expect each student to conform to these rules of conduct

No possession or use of alcohol, drugs, or tobacco

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

Respect property

Respect one another, staff, and adult leaders

Respect and comply with event schedules

Staying with the group is expected

Cell phones must stay OFF and OUT OF SIGHT during all youth functions, unless special permission is given.

### Students who fail to comply with these expectations may be sent home at their parents' expense.

*I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.*

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parental Consent

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\_\_\_\_\_ has my permission to attend all children/youth activities sponsored by \_\_\_\_\_

(NAME OF STUDENT)

United Methodist Church (hereinafter referred to as the "church") from \_\_\_\_\_ through \_\_\_\_\_.

*This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of named child.*

*I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from all liability for any injury, loss, or damage to person or property that may occur during my/our child's involvement. If he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.*

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Occasionally, \_\_\_\_\_ UMC uses photographs of children/youth in print publicity such as newspapers, newsletters, brochures, etc. and on the church website. **No last names will be used on the internet.** Please check one of the options below and sign underneath:

\_\_\_ I give permission for \_\_\_\_\_ UMC to use my child's picture in public materials.

\_\_\_ Please do not include my child's picture in any publicity.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# COLLINS & WEST HARTLAND UMC EVENT-SPECIFIC PERMISSION FORM

(Items in italics to be completed by ministry leaders for each event hosted by the ministry under their oversight).

Event: \_\_\_\_\_  
*Location name & address*

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_  
*Include starting time & time of return*

What to bring:

Names & Phone Numbers of Leaders in Charge:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return Bottom Portion to Church Group Leader/Event Coordinator.**

I give permission for my child, \_\_\_\_\_, to attend

\_\_\_\_\_ with \_\_\_\_\_ United Methodist Church  
*Name of event*

\_\_\_\_\_ on \_\_\_\_\_  
*Name of church group/ministry* *date of event*

Telephone #'s where I can be reached while my child is attending this event:

Cell Number: \_\_\_\_\_

Other Number: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to be transported

To \_\_\_\_\_ by \_\_\_\_\_  
*Location* *approved event leader/event transporter*

I have completed and submitted a 20\_\_ – 20\_\_ \_\_\_\_\_ UMC Medical Release & Permission Form to the church group leader/event coordinator: yes \_\_\_\_\_ no \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COLLINS & WEST HARTLAND UNITED METHODIST CHURCH**  
**SAFE SANCTUARIES**  
**INTERVIEW GUIDELINES**

Goals of the interview:

1. Work from and complete the application form and fill in any gaps in the application form.
2. Open opportunities for further discussion on the part of the applicant.
3. Observe how applicant conducts self in the process.
4. Keep a written record of applicant's responses to the interview questions.

In conducting an interview, the interviewer should be aware when "red flags" are raised concerning the applicant. These "flags" are indicators of issues which must be explored further to be assured that all information is collected concerning a prospective employee/volunteer. Some of the "flags" may include:

- **Many addresses or churches attended over a short period of time.**  
This could indicate that a person is trying to be anonymous. It could also indicate that he/she is/was a college student who moved a lot to maintain low rent.
- **Wants to work with only one age group.**  
If someone would like to work with only one specific age group, it could indicate that person has targeted that age group for molestation. It could mean that is the age group for which he/she is trained, and experience has shown that he/she does not work well with other ages. Be aware of those who seem overly committed to one age group. For example, someone who simultaneously leads a scout troop, coaches Little League, serves as a Big Brother and now wants to teach Sunday school may be neglecting his/her own age-appropriate peer relationships to cultivate potential victims.
- **Does not want/need/like close supervision.**  
The interview may indicate that the person does not like to be closely supervised. This might raise questions about motivation for applying for this work.

Interviewers need to be able to explore issues as they arise during the interview and depart from the set of prepared questions to do so. It is helpful, therefore, if interviewers prepare ahead of time for the interview by:

1. Reading the application
2. Noting areas for exploration

Sample Interview Questions:

1. Why are you interested in being associated with our church?
2. How would you describe yourself?
3. When you heard about this position, what appealed to you the most?
4. What specific skills do you bring to this position?

5. With what age group and gender do you prefer to work? Why? Please give examples of your work with this age group.
6. If you are trained for a certain age group, are you willing to work with other age groups or gender?
7. What kind of programs or activities would you be willing to lead, supervise, or conduct? If trained, would you be willing to conduct other activities?
8. What do you feel are chief indicators of a successful program or activity?
9. Give a specific example of how you overcame a difficulty in job, school, or family.
10. Give an example of how you overcame a problem with a youngster other than your own. How were you disciplined as a child? How would/do you discipline?
11. Under what supervision style do you work best?
12. In what types of activities or recreation do you participate?
13. What were your favorite subjects in school?
14. What would you like to tell us that hasn't been covered?
15. What questions do you have about our congregation?
16. Other questions to raise regarding information given on the information form?

One might conclude the interview with one or two hypothetical situations which are typical and then ask the applicant how he/she would respond in that situation.

**COLLINS & WEST HARTLAND UNITED METHODIST CHURCH**

**SAFE SANCTUARIES**

**WRITTEN RECORD OF CONTACT WITH A REFERENCE OF AN APPLICANT FOR WORK WITH VULNERABLE PERSONS**

(Complete one form for each reference contacted)

**CONFIDENTIAL**

1. Name of applicant: \_\_\_\_\_
  
2. Individual, church, or organization contacted (if a church or organization, identify both the church or organization and minister or person contacted): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Date(s) and time(s) of contact(s): \_\_\_\_\_  
\_\_\_\_\_
  
4. Person contacting the reference: \_\_\_\_\_
  
5. Method of contact (e.g. telephone, personal conversation, letter/e-mail [please attach]):  
\_\_\_\_\_
  
6. Summary of conversation (summarize the reference's remarks concerning the applicant's fitness and suitability for work with vulnerable persons):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_