

Memorial United Methodist Church



SAFE SANCTUARIES POLICY AND PROCEDURES

Submitted by the Safe Sanctuaries Committee:

October 30, 2005

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Amended March 1, 2021

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SAFE SANCTUARIES POLICY AND PROCEDURE

Memorial United Methodist Church, Thomasville, NC

INTRODUCTION

In keeping with the resolution adopted by the General Conference of the United Methodist Church in April 1996, and the biblical teachings and the traditions and beliefs of the United Methodist Church, we, the congregation, Memorial United Methodist Church, adopt the following policy and procedures so as to provide a safe sanctuary for children, youth and vulnerable adults.

PURPOSE

The Memorial United Methodist Church adopts the following policy and procedures to provide a safe and secure environment within the church and for any event that is connected with the ministries and operations of this church. While the primary reason for this policy is to prevent abuse and neglect of children and youth, it has been adopted to protect all who enter our doors. "Youth" or "Child" shall be deemed synonymous and shall be defined as any person less than eighteen (18) years of age for the purposes of these procedures. "Adult" shall be defined as any person at least eighteen (18) years of age for the purposes of these procedures.

STATEMENT OF COVENANT AND POLICY

As a Christian community of faith the Memorial United Methodist Church pledges to conduct the ministries of the Church in ways that assure the safety and spiritual growth of our children, youth and vulnerable adults as well as all workers with children, youth and adults. We, as a congregation, pledge our utmost to protect all who enter our doors by adopting the following procedures. The procedures are designed to prevent any type of child, youth or adult abuse, neglect or exploitation as defined by the General Statutes of North Carolina. These can be specifically found in Chapters 7, 7a, 7b, and 14 of the North Carolina criminal law and procedure. Nothing in this policy or procedure is designed to hinder or prevent the investigation of suspected, reported or confirmed violations of any North Carolina criminal laws.

Policy on Jessica's Law

The church adopts Resolution 8009: "Church Participation by a Registered Sex Offender" stating that should an offender wish to participate in the life of the church, the offender must agree to have a "covenant partner" to accompany the offender while on church property or attending church activities and areas of the church facilities. A family member cannot be the covenant partner. The covenant partner will be a church member assigned by church leadership. More than one can be assigned to convicted offender. If covenant partner/s cannot attend church at any given worship time, then the convicted offender cannot attend. Even if accompanied by covenant partner, the convicted offender will not be allowed in off limit areas of the church (IE: playground, nursery, children and youth areas). Offender must agree to restrictions on leadership in or on behalf of the church; no role in the church that includes contact with children or youth will be permitted. The offender must agree to participate in a professional counseling program for at least the entire time of church membership or attendance. Financial assistance may be considered for required professional counseling and will be a line item in the Safe Sanctuary budget in consultation with finance committee. The Senior Minister will assure that the offender is consistently participating in professional counseling during the length of time he/she is in attendance at the church. These policies agreed upon must be in consultation with the Senior Pastor and covenant agreement must be in written form, signed by both the offender and Senior Pastor. Covenant agreement will be kept confidential and secured with other Safe Sanctuary documents.

PROCEDURES

While the following are the basic procedures to insure a safe physical and emotional environment, there is a need for common sense procedures in dealing with hazardous conditions.

SUPERVISION AND CONDUCT:

1. **AGE REQUIREMENTS:** All teachers and those who supervise directly or indirectly children/youth are to be at least 18 years of age and a church member in good standing for at least six months. Any exception to the church membership rule must be approved by the appropriate Age Level Minister or staff person (Youth or Children's Minister).
 2. **APPLICATIONS & BACKGROUND CHECKS:** All teachers supervising children/youth must have completed a Volunteer Application (see Appendix I) including references, submit to a criminal background check from local and, when appropriate, state and national law enforcement agencies. (These background checks may be provided by law enforcement agencies.) All paid employees of the church will fill out an Employment Application (see Appendix II) and be required to have a criminal background check. Background checks will be redone every three years or if 6 months has lapsed in non-attendance at the church. The Staff-Parish Relations Committee must check out all references for paid staff, including background checks. The appropriate Age Level Minister or staff person will review the background checks of volunteers. The appropriate Age Level Minister or staff person will be responsible for filing the background checks securely. Applications and all confidential information regarding Safe Sanctuaries will be stored in a fireproof locked file cabinet housed in the Sacristy. Background checks will be done by Castle Branch and stored on their secured server. The ministers and SPRC chair will have access to these online.
 3. **CLASSROOMS:** All classrooms or areas being used by children/youth should have "Dutch" doors or a glass panel in the door to allow for outside monitoring. This glass panel must not be covered (or top of door closed, in the case of a "Dutch" door) while children or youth are present in the room and should allow monitoring of all spaces within the classroom area. In addition, one person must be designated as a "roamer" and should make unscheduled visits to check on all classrooms or areas. If a children/youth activity is held in any room not having a window in the door, then the door to the room must remain fully open during all aspects of the activity.
 4. **OFFICES:** Staff offices should have a small glass window in it, as well as any other room where pastoral counseling or consultation is common. An open door policy may also be used when necessary. Pastoral counseling is expected to be confidential in nature, but it is preferred that such sessions take place where other people are nearby even though not within hearing distance.
 5. **ONE-ON-ONE INTERACTION & "RULE OF TWO":** Most abuse occurs when an adult is alone with a child/youth. Our organization aims to eliminate or reduce these situations and prohibits private, one-on-one interactions unless approved in advance by the organization administration.
- The "Rule of Two":** A minimum of two adults should be present for any church sponsored program or event involving children/youth. When possible, the two adults should be unrelated. If the "Rule of Two" is not possible, guidelines for One-on-One Interaction protocol must be followed.
- The "Roamer Rule":** When two adults cannot be present in each classroom for children and youth, an adult "roamer" should be present to monitor class to class, hallways, etc. for security.

In those situations where one-on-one interactions are approved, staff and volunteers should observe the following additional guidelines to manage the risk of abuse or false allegations of abuse:

Guidelines for One-on-One Interactions

- When meeting one-on-one with a child/youth, always do so in a public place where you are in full view of others.
 - Avoid physical affection that can be misinterpreted. Limit affection to pats on the shoulder, high-fives, and handshakes.
 - If meeting in a room or office, leave the door open or move to an area that can be easily observed by others passing by.
 - Inform other staff and volunteers that you are alone with a child/youth and ask them to randomly drop in.
 - Document and immediately report any unusual incidents, including disclosures of abuse or maltreatment, behavior problems and how they were handled, injuries, or any interactions that might be misinterpreted.
5. **“THE BUDDY SYSTEM”**: We encourage parents, teachers, and leaders of anyone under the age of 18 to make sure the children or youth always have a “buddy” who is close to their age so that no child is ever alone while in the church buildings, or while on any activity, trip, or overnight.
 6. **TRAINING**: All paid or volunteer teaching/supervising staff working with children/youth must be trained before teaching or supervising in the safe sanctuary policy and procedures. Thereafter, all teachers/supervisors should be re-trained on an annual basis. This training may be provided by the individual church, district or conference training programs. It will be the responsibility of the appropriate Age Level Minister or staff person or their designee to insure that the annual training takes place. All adult volunteers and staff shall sign a pledge to follow this policy and these procedures prior to being permitted to participate in activities with children/youth.
 7. **PARENTAL NOTIFICATION**: Parents shall always be given advance notice and information regarding any activity in which their child/youth will be participating.
 8. **RESTROOM PROCEDURE**: It is encouraged that a parent or guardian accompanies any child/youth needing assistance in the restroom. When that is not possible the door to the restroom should be kept open or ajar with as much privacy as possible is provided for the child/youth.
 9. **SUPERVISION**: Children/youth at all times must be supervised by a responsible adult person (at least eighteen (18) years of age and five years older than those being supervised). This procedure does NOT prohibit adults who are less than five years older than the youth or children in an activity from participating as a “helper” for the activity. This procedure DOES require that the “Two Adult Rule” be met by persons at least five years older than the children/youth in any activity.
 10. **PHYSICAL CONTACT**: Some good rules of thumb for appropriate demonstrations of affection or physical contact would be to: never initiate a hug (unless there are other adults in the room); keep hugs brief; always be the one to end a hug; hug from the side rather than the front; never impose our touches on the children/youth in your group. Never separate yourself from others in the group so that you are alone with a child/youth. Our organization’s physical contact policy promotes a positive, nurturing environment while protecting child/youth and staff. Our organization encourages appropriate physical contact with child/youth and prohibits inappropriate displays of physical contact. Any inappropriate physical contact by staff towards child/youth in the organization’s programs will result in disciplinary action, up to and

including termination of employment. Examples of our organization's policies for appropriate and inappropriate physical interactions are:

Appropriate Physical Interactions

- Side hugs
- Shoulder-to-shoulder or "temple" hugs
- Pats on the shoulder or back
- Handshakes
- High-fives and hand slapping
- Verbal praise
- Pats on the head when culturally appropriate
- Touching hands, shoulders, and arms
- Arms around shoulders
- Holding hands (with young children in escorting situations)

Inappropriate Physical Interactions

- Full-frontal hugs
- Kisses
- Showing affection in isolated area
- Lap sitting
- Wrestling
- Piggyback rides
- Tickling
- Allowing a child/youth to cling to an employee's or volunteer's leg
- Any type of massage given by or to a child/youth
- Any form of affection that is unwanted by the child/youth or the staff or volunteer
- Compliments relating to physique or body development
- Touching bottom, chest, or genital areas

11. NON-PHYSICAL INTERACTIONS: Staff and volunteers are prohibited from speaking to child/youth in a way that is, or could be construed by any observer, as harsh, coercive, threatening, intimidating, shaming, derogatory, demeaning, or humiliating. Staff and volunteers must not initiate sexually oriented conversations with child/youth. Staff and volunteers are not permitted to discuss their own sexual activities with child/youth. Examples of our organization's policies for appropriate and inappropriate verbal interactions are:

Appropriate Verbal Interactions

- Positive reinforcement
- Appropriate jokes
- Encouragement
- Praise

Inappropriate Verbal Interactions

- Name-calling
- Discussing sexual encounters or in any way involving child/youth in the personal problems or issues of staff and volunteers

- Secrets
- Cursing
- Off-color or sexual jokes
- Shaming
- Belittling
- Derogatory remarks
- Harsh language that may frighten, threaten or humiliate child/youth
- Derogatory remarks about the child/youth or his/her family

12. **INSURANCE:** The church will provide adequate liability insurance for their facilities and the church van in case of accident or injury to anyone participating in a church-sponsored activity, as well as coverage for sexual and other forms of abuse.

13. **MEDIA/NETWORKING:** The church requires parents of children and youth to sign a media release form (see Appendix III) allowing the church to use photos of said children/youth to be used in promotion of church events, website, advertising, and social networking. No allowance of full names is permitted in conjunction with photos or postings by the church of children or youth. The church is not responsible for any postings on blogs or any other social media by youth or children but reserves the right to remove any postings deemed inappropriate on church related media (website, twitter, facebook, etc.) that the church utilizes.

14. **BATHROOM ACTIVITIES:** Most incidents of child/youth-to-child/youth abuse occur in the bathrooms. Therefore, the following supervision guidelines are recommended:

- When supervising restroom use, adult staff members should first quickly scan the bathroom before allowing child/youth to enter.
- If assisting young child/youth in the stalls, the staff should keep the door to the stall open.
- Prohibit staff from using the bathroom at the same time as child/youth.

For “Group Bathroom Breaks”:

- Require staff to take groups of two or more child/youth to the bathroom – following the “rule of three” or more.
- If the bathroom only has one stall, only one child/youth should enter the restroom while the others wait outside with the staff.
- If there are multiple stalls, only send in as many child/youth as there are stalls.
- Minimize child/youth of different ages using the bathroom at the same time.
- Require staff to stand outside the bathroom door but remain within earshot.

For single use restrooms:

- Require child/youth to ask permission to use the bathroom.
- Require all staff to frequently check bathrooms.

For diapering

- Placing the changing table in an open area where adult actions can be observed by others.
- Requiring that diapers only be changed when at least two adults are present.
- Requiring written documentation of diaper changing.
- Informing parents/guardians if staff notices anything out of the ordinary or concerning while changing the infant’s diaper. Requiring staff to know and follow all licensing

- requirements having to do with diapering.
- For toileting:
- Require staff to stand in the doorway with the door ajar while children use the restrooms.
- If staff must enter the restroom to assist a child, ensure that the door to the restroom remains open.
- When possible, send in only one child at a time.
- When not possible, send in only as many children as there are stalls.

SAFETY AND FIRST AID

15. **FIRST AID KITS:** The church will maintain first aid kits in the following locations: nursery, each floor of the Christian Enrichment Center (CEC), and each floor of the main church building and church vehicles. The church will maintain first aid kits on a regular basis.
16. **CPR/FIRST AID TRAINING:** The church staff and volunteers working with children, youth and vulnerable adults are required to maintain CPR/First Aid and AED training every two years as required by the American Heart Association and Red Cross. All new employees and volunteers are required to complete training upon service.
17. **EVACUATION ROUTES:** In all the buildings, fire evacuation routes will be posted and the Trustees will maintain fire extinguishers and the fire alarm system annually.

TRAVEL

18. **OVERNIGHT ACTIVITIES:** Overnight stays present unique risks to child/youth and staff. They often involve changing clothes, groups of both genders and different ages in a more intimate atmosphere than usual, more unstructured activities, and increased supervision demands for staff.

CHAPERONES: On overnight youth retreats or mission trips all counselors must be at least twenty-one (21) years of age and older. On an overnight retreat where there are both male and female youth, there must be both male and female counselors. Youth will not share a bed with an adult unless a parent of the child. A minimum of three persons should, whenever possible, be assigned to a room, males and females housed in separate bedrooms, with the exception of married couples. Visitation between male and females in bedrooms is prohibited unless directly supervised in a group setting with a counselor for devotional or group discussion times.

Supervision Guidelines:

- All overnight activities must be documented and approved in writing by the Program Director.
- Administrators are expected to regularly and randomly observe overnight activities on a scheduled and periodic basis.
- The Program Director should appoint a “lead” staff to supervise the overnight. A meeting with all staff is conducted to discuss the unique risks of overnight trips, unique elements of the specific overnight trip and to review the specific policies and procedures.
- Provide parents/guardians with written information about the overnight activity. All parents/guardians must sign a permission slip for their child/youth to attend the overnight.

- Determine the appropriate staff-to-child/youth ratios before the event and schedule staff accordingly.
- Meetings with the group should be hosted in open and observable areas; meetings should not be hosted in staff or child/youth rooms.

Overnights at the Facility:

- Physical boundaries within the organization must be clearly defined and explained to the child/youth.
- Assign each staff to a specific group of child/youth to supervise. Each staff should then maintain a role sheet that lists all of the child/youth in his or her group. Head counts and roll checks should be conducted routinely throughout the evening.
- Assign staff to high risk areas in your organization's facility, such as the bathrooms, entrances and exits, hallways, etc. If it is not possible to assign specific staff to these areas, assign specific staff to conduct periodic facility "walk-throughs".
- With regards to sleeping arrangements, separate the male and female child/youth into separate rooms and post staff at the entrances and exits to these rooms. If this is not feasible, separate males and females by as much space as possible.
- When performing room checks, staff should always go in pairs.
- At least one staff must stay awake overnight.

Overnights Away from the Facility:

- Overnight stays at private homes are prohibited unless approved by the administration.
- Physical boundaries at the off-site location must be clearly defined and explained to the child/youth.
- Assign each staff to a specific group of child/youth to supervise. Each staff should then maintain a role sheet that lists all of the child/youth in his or her group. Head counts and roll checks should be conducted routinely throughout the event.
- If in a cabin type setting, the staff should be placed in bunks to maximize supervision around the cabin and in a way that decreases the chances of child/youth sneaking out (such as by the door).

19. **PARENTAL PERMISSION:** Any activity that requires travel from the church or overnight travel must have written permission and insurance information from the parent or guardian of each child/youth, and the approval of the appropriate Age Level Minister or staff person. The permission/medical information file must stay with the coordinator for the entire trip.

20. **TWO ADULT RULE:** The "rule of two adults" must be followed with no exceptions when traveling.

21. **DRIVERS:** No youth may drive to any youth group activity located outside of Thomasville. No youth may leave the church with any person other than a parent without parental permission.

22. VAN USE:

- Persons eligible to drive the church van must be 21 years of age, must have a valid copy of their North Carolina driver's license on file in the church office, must not have any record of arrests for DUI or traffic violations.
- One person in the van should carry a cell phone in case of emergency.
- All passengers must wear seatbelts at all times.
- Current county and state maps will be kept in the van.
- The Trustees will be responsible for the approval of van drivers.

23. OFF-SITE CONTACT: Many cases of organizational abuse occur off-site and outside of regularly scheduled activities. This contact outside of regularly scheduled activities may put staff, volunteers, and our organization at increased risk.

Option One (Preferred): Our organization prohibits interactions outside of regularly scheduled program activities unless approved by the organization's Administration.

Option Two: Our organization strongly recommends that staff do not have outside contact with child/youth from the organization. However, if off-site contacts are unavoidable (such as during mentoring programs), our organization has determined that the following forms of outside contact are appropriate and inappropriate:

Appropriate Outside Contact

- Taking groups of child/youth on an outing
- Attending sporting activities with groups of child/youth
- Attending functions at a child/youth's home, with parents/guardians present

Inappropriate Outside Contact

- Taking one child/youth on an outing without the parents'/guardians' written permission
- Visiting one child/youth in the child/youth's home, without a parent/guardian present
- Entertaining one child/youth in the home of staff or volunteers
- A lone child/youth spending the night with staff or volunteers

In addition, when outside contact is unavoidable, ensure that the following steps are followed:

- Supervisors should identify for staff and volunteers what types of outside contact are appropriate and inappropriate.
- Ensure that staff or volunteers have the parents'/guardians' permission to engage in outside contact with the child/youth.

REPORTING INCIDENTS AND ALLEGATIONS OF ABUSE:

Any suspected or reported case of neglect or abuse (physical, sexual, or other abuse) should be reported immediately to the appropriate Age Level Minister or staff person and Senior Pastor, or the Administrative Board chairperson. In the event that a Pastor is implicated, the chairperson of the Administrative Board must notify the chairperson of the Staff-Parish Relations Committee and the District Superintendent within 24 hours.

The Pastor, or Administrative Board chairperson to whom the incident has been reported must immediately initiate an Incident Report (see Attachment 5) to be filled out with all available details. Report forms will be kept secured in the church office. The District Superintendent must be notified by the next business day. It will then be the decision of the District Superintendent, Pastor and Administrative Board chairperson as to the appropriate action to be taken. The District Superintendent shall have final local authority in the matter. The WNCC Director of Communications will also be notified.

However, in no event shall any of the above fail to report substantiated abuse or neglect to the proper law enforcement or social service agency as required by North Carolina law. Contact should be made with the

Thomasville Police office and the Davidson County Department of Social Services to communicate the complaint.

Any person named as an alleged offender in a complaint shall immediately be required to cease any contact with children or youth through Memorial United Methodist Church activities. The alleged offender may resume activities with children/youth at such time as the District Superintendent, the Ministers, and Staff-Parish Relations Committee shall deem it appropriate.

RESPONDING TO SUSPICIOUS OR INAPPROPRIATE BEHAVIORS OR POLICY: Because our organization is dedicated to maintaining zero tolerance for abuse, it is imperative that every staff member actively participates in the protection of child/youth. In the event that staff observe any suspicious or inappropriate behaviors and/or policy violations on the part of other staff or volunteers, it is their personal responsibility to immediately report their observations.

Examples of Suspicious or Inappropriate Behaviors Between

Staff/Volunteers and Child/youth

- Violation of the abuse prevention policies described above
- Seeking private time or one-on-one time with child/youth
- Buying gifts for individual child/youth
- Making suggestive comments to child/youth
- Picking favorites

All reports of suspicious or inappropriate behavior with child/youth will be taken seriously. Our procedures will be carefully followed to ensure that the rights of all those involved are protected.

SAMPLE CRITICAL INCIDENT MANAGEMENT PLAN- See Appendix IV & V

Prior to Allegation/Incident

- Determine who from your Organization will be on the Critical Incident Management Team.
- Educate all employees and volunteers on what to do if someone alleges current or historical abuse involving an Organization member, employee or volunteer.
- All employees and volunteers should know how to fulfill their duties as mandated reporters (if they are mandated reporters according to state law).
- All employees and volunteers should be trained on how to complete the appropriate critical incident forms for your Organization.

Immediate Safety

- Follow all mandated reporting requirements and contact the authorities as appropriate.
- Where applicable, prevent the accused from having further access to children until thorough incident review is completed. Before beginning an internal incident review, verify with local authorities that this will not interfere with their investigation.
- If the accused person is an employee, follow progressive discipline procedures accordingly. This may involve suspending the accused during the investigation.
- When applicable, notify other employees.

Initial Communication Plan

- Designate a point person to respond to all inquiries from parents, the media, and other stakeholders.

- Prepare a short media statement in advance of getting a media inquiry.
- All oral and written communication should speak with a voice of compassion and confidence.
- All employees and volunteers should know how to refer media inquiries to the appropriate person.
- As soon as possible, meet in person (not over the phone) with identified victims and their parents/guardians.
- Reassure them that you are taking this seriously.
- Find out what response they expect and be prepared to explain support you will offer, such as counseling.
- Consider reaching out in writing to parents/guardians of all children currently attending your Organization as well as those with past contact with the accused offender. The message should communicate:
 - **Empathy:** Begin by stating that such incidents run counter to your Organization's values.
 - **Facts:** Include a summary of the incident, including information about the arrest, suspension, investigation, etc.
 - **Contact Request.** Ask parents to contact you or the specified authorities if they suspect their child may have been abused.
 - **Your Response:** Explain that you are fully cooperating with the authorities. Describe proactive steps you are taking such as offering resources to parents, hosting a parent meeting, training staff, and conducting an independent investigation to learn from this incident so you can prevent it from happening again.
- Host a parent/guardian meeting to speak directly with concerned families and directly answer any questions before rumors or misinformation is spread.
- Communicate as much information as you can about the incident.
- Provide information regarding the proactive steps leadership is taking in response to the incident.
- Describe resources you are providing families, and give parents a chance to ask questions.
- Provide parents with information about how to talk to their children about abuse.

Ongoing Communication and Response

- Determine how to manage ongoing relations with authorities, parents, the community, and media.
- Consider adding a page to your website with updated details about the incident.
- Designate specific individuals in your organization to handle various communications and outreach efforts.

Promote Prevention at All Levels of the Organization

- Educate parents on abuse prevention. Offer a workshop during which parents can learn how to protect their children from abuse. This is an educational session that is different from the parent meeting described above.
- Provide a youth education program to all youth involved with your Organization on how to protect themselves from abuse and how to express concerns.
- Train (or –re-train) all employees and volunteers on how to identify and report “red-flag” behaviors that do not rise to the level of suspected abuse. This is an important part of the overall response and ongoing prevention effort.

CONCLUSION

In all our ministries with children and youth, 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

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strengthened in the way that leads to life eternal.” (From Congregation Pledge 2 of the UMC Baptismal Covenant II).

[These procedures and polices were adapted on OCTOBER 30, 2005 by the Administrative Council of Memorial United Methodist Church, Thomasville, North Carolina.].

[REVISED NOVEMBER 27, 2012]

[REVISED OCTOBER 30, 2020]

[REVISED MARCH 1, 2021]

	MEMORIAL UNITED METHODIST CHURCH of THOMASVILLE, INC.
	101 RANDOLPH STREET (336) 472-7718 (OFFICE)

VOLUNTEER APPLICATION

PERSONAL INFORMATION

NAME: _____
PRESENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ E-MAIL: _____
DATE OF BIRTH: _____
OCCUPATION: _____
EMPLOYER: _____
CURRENT JOB RESPONSIBILITIES AND SCHEDULE: _____

HOW MANY HOURS PER WEEK ARE YOU ABLE TO VOLUNTEER? _____
CAN YOU MAKE A ONE-YEAR COMMITMENT TO THIS VOLUNTEER ROLE? YES NO
DO YOU HAVE YOUR OWN TRANSPORTATION? YES NO
DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO
DO YOU HAVE LIABILITY INSURANCE? YES NO

QUALIFICATIONS

PREVIOUS WORK EXPERIENCE: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

SPECIAL INTERESTS, HOBBIES, SKILLS: _____

FIRST AID TRAINING: (circle one) YES NO
CPR TRAINING:(circle one) YES NO

EXPERIENCE

WHY WOULD YOU LIKE TO VOLUNTEER AS A WORKER WITH CHILDREN AND/OR YOUTH?

WHAT QUALITIES DO YOU HAVE THAT WOULD HELP YOU WRK WITH CHILDREN AND/OR YOUTH?

HOW WERE YOU PARENTED AS A CHILD?

HOW DO YOU DISCIPLINE YOUR OWN CHILDREN?

HAVE YOU EVER BEEN CHARGED, CONVICTED OF, OR PLED GUILTY TO A CRIME, EITHER A MISDEMEANOR OR A FELONY (including, but not limited to, drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)? (circle one) YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN EXPOSED TO AN INCIDENT OF CHILD ABUSE OR NEGLECT? YES

NO

IF YES, HOW DID YOU FEEL ABOUT THE INCIDENT?

WOULD YOU BE AVAILABLE FOR PERIODIC VOLUNTEER TRAINING SESSIONS? YES

NO

REFERENCES

Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

REFERENCE #1

NAME:

ADDRESS:

DAYTIME PHONE:

EVENING PHONE:

LENGTH OF TIME YOU HAVE KNOWN REFERENCE:

RELATIONSHIP TO REFERENCE: _____

REFERENCE #2

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

LENGTH OF TIME YOU HAVE KNOWN REFERENCE: _____

RELATIONSHIP TO REFERENCE: _____

REFERENCE #3

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

LENGTH OF TIME YOU HAVE KNOWN REFERENCE: _____

RELATIONSHIP TO REFERENCE: _____

WAIVER & CONSENT:

I, _____, HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. I AUTHORIZE MEMORIAL UNITED METHODIST CHURCH TO VERIFY THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION BY CONTACTING THE REFERENCES AND EMPLOYERS I HAVE LISTED, BY CONDUCTING A CRIMINAL RECORDS CHECK, OR BY OTHER MEANS INCLUDING CONTACTING OTHERS WHOM I HAVE NOT LISTED. I AUTHORIZE THE REFERENCES AND EMPLOYERS LISTED IN THIS APPLICATION TO GIVE YOU WHATEVER INFORMATION THEY MAY HAVE REGARDING MY CHARACTER AND FITNESS FOR THE JOB FOR WHICH I HAVE APPLIED. FURTHERMORE, I WAIVE ANY RIGHTS I MAY HAVE TO CONFIDENTIALITY.

IN THE EVENT THAT MY APPLICATION IS ACCEPTED AND I BECOME A VOLUNTEER OF MEMORIAL UNITED METHODIST CHURCH, WORKING WITH YOUTH OR CHILDREN, I AGREE TO ABIDE BY AND BE BOUND BY THE POLICIES OF MEMORIAL UNITED METHODIST CHURCH AND TO REFRAIN FROM INAPPROPRIATE CONDUCT IN THE PERFORMANCE OF MY DUTIES ON BEHALF OF MEMORIAL UNITED METHODIST CHURCH.

SIGNATURE

I HAVE READ THIS WAIVER AND THE ENTIRE APPLICATION, AND I AM FULLY AWARE OF ITS CONTENTS. I SIGN THIS CONSENT FREELY AND UNDER NO DURESS OR COERCION.

SIGNATURE OF APPLICANT

DATE

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____ hereby authorize Memorial United Methodist Church to request Castle Branch to release information regarding any record of charges or convictions contained in its 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 laws. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

SIGNATURE OF APPLICANT DATE

PERSONAL INFORMATION

FULL NAME: _____

ANY ALIASES: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

STATE ISSUING LICENSE: _____

LICENSE EXPIRATION DATE: _____

APPENDIX II – EMPLOYMENT APPLICATION

	<p>MEMORIAL UNITED METHODIST CHURCH of THOMASVILLE, INC.</p> <p>101 RANDOLPH STREET (336) 472-7718 (OFFICE)</p>	<p>THOMASVILLE, NC 27360 (336) 472-8742 (FAX)</p>
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EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ E-MAIL: _____

DATE OF BIRTH: _____

POSITION APPLIED FOR: _____ DATE AVAILABLE TO START: _____

QUALIFICATIONS

ACADEMIC ACHIEVEMENTS:

(Schools attended, degrees earned, dates of completion)

CONTINUING EDUCATION:

(Courses taken, dates of completion)

PROFESSIONAL ORGANIZATIONS:

(List any in which you have membership.)

FIRST AID TRAINING: (circle one)

YES NO

CPR TRAINING:(circle one)

YES NO

EXPERIENCE

PREVIOUS WORK EXPERIENCE:

(Please list your previous employers from the past 5 years. Include job title, a description of duties and responsibilities, the name of the company/employer, the address of the company/employer, the name of your immediate supervisor, and the dates you were employed in each position.)

PREVIOUS VOLUNTEER EXPERIENCE:

(Please list any relevant volunteer positions you have held and list the duties you performed in each position, name of your supervisor, the address and phone number of the volunteer organization and the dates of your volunteer service.)

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY TO A CRIME, EITHER A MISDEMEANOR OR A FELONY (including, but not limited to, drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)?

(circle one) YES NO

IF YES, PLEASE EXPLAIN:

REFERENCES

Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

LENGTH OF TIME YOU HAVE KNOWN REFERENCE: _____

RELATIONSHIP TO REFERENCE: _____

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

LENGTH OF TIME YOU HAVE KNOWN REFERENCE: _____

RELATIONSHIP TO REFERENCE: _____

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

LENGTH OF TIME YOU HAVE KNOWN REFERENCE: _____

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____ hereby authorize Memorial United Methodist Church to request Castle Branch to release information regarding any record of charges or convictions contained in its 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 laws. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

SIGNATURE OF APPLICANT **DATE**

PERSONAL INFORMATION

FULL NAME: _____

ANY ALIASES: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

STATE ISSUING LICENSE: _____

LICENSE EXPIRATION DATE: _____

APPENDIX III – EMERGENCY RELEASE FORM



MEMORIAL UNITED METHODIST CHURCH of THOMASVILLE, INC

P.O. Box 428 ♦ 101 Randolph Street
Thomasville, NC 27360

(336) 472-7718

♦ (336) 472-8742 (Fax) ♦

www.mumctville.org

EVENT NAME: _____

(i.e.: Ski Trip, High School Retreat, Middle School Retreat, Lake Junaluska Retreat, ASP, etc.)

LIMITED POWER OF ATTORNEY FOR MEDICAL EMERGENCIES

Student's Full Name (please print)

In case of an emergency, I understand that every effort will be made to contact me immediately, should medical care be necessary for my child. Therefore, I hereby give an adult with Memorial United Methodist Church, and/or qualified medical personnel limited power of attorney to act on my behalf in securing and administering necessary first aid or emergency medical care and treatment for my child. I also release all sponsors, staff, counselors, and members of Memorial United Methodist Church from any responsibility, liability, and medical payments in acting on my behalf in this regard. This form will remain in effect while my child is a participant in the Memorial United Methodist Church Youth Ministry. I understand that this will be kept on file at the church and a copy is carried on all trips and outings. All information is confidential and will only be released to leaders in charge of my child and appropriate medical personnel.

Parent / Legal Guardian Signature

CHILD INFORMATION (Please print.)

Address

Birthdate

Phone

E-mail Address

PARENT / LEGAL GUARDIAN INFORMATION (If child is a minor.)

Mother's Information

Father's Information

Name

Name

Address (If different from above.)

Address (If different from above.)

City / State / ZIP (If different from above.)

City / State / ZIP (If different from above.)

Home Phone (If different from above.)

Home Phone (If different from above.)

Workplace

Workplace

Mobile Phone

Mobile Phone

Email Address

Email Address

Emergency Contact & Phone Number

(For use only in the event that a parent / legal guardian cannot be contacted)

MEDICAL INSURANCE INFORMATION*

Is your child covered under any major medical insurance policy? YES NO
 If "YES" Please fill out the following:

_____ Insurance Company

_____ Insurance Company Phone

_____ Policy / Group No.

_____ Policy Holder

* Any student participating in a Youth Ministry event with Memorial United Methodist Church will be covered by major medical insurance. Should the need arise for medical attention, the parent or guardian's insurance carrier will be the primary insurance provider. If the child is not covered by any other policy, then Memorial United Methodist Church Inc.'s insurance policy will cover the child during the course of the event.

MEDICAL HISTORY

_____ Family Doctor

_____ Doctor's Phone

PRESCRIPTION MEDICINES

I give permission for my child to receive the following prescription medications, which will be administered only in accordance with the package's label.

PLEASE NOTE: An adult on the Ministry Team must be made aware of any prescription medicine that is to be taken during an outing. Prescription medications must be in their original packages along with specifics of any dosage changes, which differ from the label.

Please give a list of prescription medicines and dosages, which your student is currently taking:

NON-PRESCRIPTIONS MEDICINES

I give permission for my child to receive "over-the-counter" medications on an "as needed" basis administered only as directed by the package's label. The following are the most common:

- Acetaminophen (Tylenol)
- Ibuprofen (Advil)
- Triple Antibiotic Ointment (Neosporin Ointment)
- Diphenhydramine (Benadryl)
- Bismuth Subsalicylate (Pepto-Bismol)
- Loperamide (Imodium AD)
- Pseudoephedrine (Sudafed)

List any medicines **NOT** to be given:

ONGOING CONDITIONS

Please check any ongoing conditions that your child may have which we need to be aware:

- Food allergies (specify): _____
- Drug allergies (specify): _____
- Environmental allergies (specify): _____
- Physical limitations (specify): _____
- Other: _____

PARTICIPATION PERMISSION SLIP & MEDIA RELEASE

I hereby certify that _____ is my child or legal ward and resides with me. I give consent for him/her to participate in the youth activities of Memorial United Methodist Church. I understand that my youth may be travelling by church van or bus, rental van or bus, or private vehicle driven by designated adults (over the age of 21) to said destination and return back to the church. I also understand that all reasonable care will be exercised for the well-being of my child. I hereby release and hold harmless all sponsors, staff, agents, counselors, and members of Memorial United Methodist Church from any responsibility for the results of accident, injury, or death (see "Limited Power of Attorney For Medical Emergencies".) **In addition, I grant permission to publish pictures & videos of the minor named above on Memorial United Methodist Church websites, in promotional videos, press releases, or any form of public publicity.**

 Parent / Legal Guardian Signature

Date

APPENDIX IV – INCIDENT REPORTING PROCEDURES

Incident Reporting Procedures for Safe Sanctuaries

CRITICAL MANAGEMENT TEAM MEMBERS shall include but not limited to: the Senior Minister, Age Level Minister or staff person, SPRC Chairperson, the District Superintendent, Administrative Board Chair and Trustee Chairperson.

1. In the event of a known incident where the youth/child is injured whether physical or sexual, the youth/child must immediately be taken for treatment or examination to a hospital emergency room or Pediatrician. The youth/child's parents should be informed immediately along with appropriate Age Level Minister or staff person and Senior Pastor for reporting abuse.
2. In the event of an allegation of abuse, contact must be made to parents, Senior Pastor, Age Level Minister or staff person to adequately report the charge. If there are no visible signs of abuse but the youth/child makes claims of pain or suffering, then take the child to the hospital for an examination. (When in doubt, it is better to take the youth/child to the hospital than to ignore possible internal injuries.)
3. An Incident Report form must be completed by the Senior Pastor or designated staff person. These designated persons must honor the confidentiality of the reports. An interview must be conducted with the person of contact to whom the abuse was reported to initially. The person who serves as a point of contact to the victim must also honor confidentiality of the victim. An interview must be completed with the victim in a timely or appropriate manner (ex. When child feels comfortable to talk.) When the Pastor or staff person interviews the victim, remember to make eye contact on the youth's level and listen carefully with understanding. "Generally, youth/children do not lie about abuse... but be aware that false allegations can be made, especially in circumstances involving custody battles (Melton, 2003, pg.61)."
4. Report incident of abuse to local authorities. Davidson County DSS (336) 474-2760.
5. If a known incident abuse happens and the abuser still has contact with the youth/children, the abuser must be removed from having any further contact with the youth/children. The Senior Pastor or staff person will need to meet with the abuser to explain allegations and refer the abuser and his/her family to a referral pastor for counseling.
6. Report must be kept secure in locked file cabinet in the church office giving copies only to legal authorities specified by state law, the senior pastor, the superintendent, the bishop, the church's insurance agent, and church attorney.

7. The Senior Pastor shall be the designated spokesperson to the media. ONLY the Senior Pastor can comment on the allegations. Typical response: *“An investigation is being conducted on the allegations. Due to the sensitivities all parties involved we cannot comment at this time. You may contact the Yadkin Valley District Superintendent for information about the Conference Safe Sanctuary Program.”*
8. The Senior Pastor shall use discretion in disclosing information to the congregation about the incident. The Senior Pastor may decide if necessary, to have counseling sessions to keep the church healthy and informed.

APPENDIX V – SAFE SANCTUARIES INCIDENT REPORT

	<p>MEMORIAL UNITED METHODIST CHURCH of THOMASVILLE, INC.</p> <p>101 RANDOLPH STREET (336) 472-7718 (OFFICE)</p> <p>THOMASVILLE, NC 27360 (336) 472-8742 (FAX)</p>
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INCIDENT REPORT OF SUSPECTED CHILD ABUSE
(ONLY APPLIES TO INCIDENTS INVOLVING CHURCH-RELATED ACTIVITIES)

REPORT OF INCIDENT SUBMITTED BY: (for follow-up purposes)

This incident was **witnessed** **received as testimony** (circle one)

on **(Date)** _____ at **(Location)** _____

Name: _____

Address: _____

Email: _____ **Phone:** _____

VICTIM INFORMATION

Name: _____ **Date of Birth:** _____

Address: _____

Email: _____ **Phone:** _____

VICTIM'S STATEMENT:

ACCUSED INDIVIDUAL

Name:

Address:

Email:

Phone:

Relationship to Victim:

Position in Church:

NAMES OF WITNESSES:

REPORTING

Senior Minister (or appropriate Age Level Minister or staff person)

Reported to:

Date:

Victim's Parent(s)/Guardian (if not involved in allegations of abuse)

Reported to:

Date:

Administrative Board Chair

Reported to:

Date:

Staff-Parish Relations Committee Chair

Reported to:

Date:

Local Authorities/Law Enforcement Agency

Davidson Co. Sheriff: (336) 242-2100

Davidson County Department of Social Services: (336) 474-2760

Reported to: _____ Date:

Yadkin Valley District Superintendent: (336) 725-4502

Reported to: _____ Date:

Signature

Date