

WETHERSFIELD UNITED METHODIST CHURCH

SAFE SANCTUARY FORMS

**APPLICATION AND SCREENING FORM FOR EMPLOYEES AND
WORKERS WITH CHILDREN AND YOUTH**

**For questions about this Policy contact the
Pastor(s) or Chair(s) of Staff Parish Relations Committee**

**Implementation Date: September 2008
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**WETHERSFIELD UNITED METHODIST CHURCH
SCREENING FOR CHILDREN AND YOUTH VOLUNTEERS**

Thank you for volunteering to work with the Church to serve our children and youth. Your contribution is important and much appreciated. We ask that all adults, age 18 and up, who work with our children or youth read and sign the following Code of Ethics, and complete the attached Application and Screening Forms.

CODE OF ETHICS

The Book of Resolutions for the United Methodist Church states that we support “methods of education designed to assist every child toward complete fulfillment as an individual person of worth.” Adults and older youth who volunteer to work with our church children and youth are in a position of stewardship, and play a key role in fostering spiritual development of both individuals and community. It is, therefore, especially important that those in leadership positions be well qualified to provide the special nurture, care and support that will enable children and youth to develop a positive sense of self and spirit of independence and responsibility.

The relationship between young people and their leaders must be one of mutual respect, if this positive potential is to be realized. There are no more important areas of growth than those of self-worth and the development of a healthy identity as a sexual being. Adults play a key role in assisting children and youth in these areas of growth.

Children, youth and adults can suffer damaging effects when leaders engage in sexual conduct with young persons in their care. Therefore, it is expected that leaders’ behavior will respect the worth and dignity of each child and youth. To this end, leaders must refrain from engaging in sexual, seductive or erotic behavior with children and youth. They may not sexually harass or engage in behavior with children or youth which constitutes verbal, emotional or physical abuse.

The Employee or Worker acknowledges by signing this statement that he or she understands and agrees to comply with this Code of Ethics. The Employee or Worker has read the Basic Procedures for Safe Ministry with Children and Youth and agrees to observe them in working with children and youth. The Employee or Worker agrees to be bound by the Policies and Procedures for the Prevention of Child Abuse of the Church. In addition, the Employee or Worker represents that he or she has filled out the attached Application and Screening Forms completely and truthfully, and agrees that in the event that he or she has been arrested for or charged in a court with any crime or offense involving a minor, he or she shall immediately notify the Pastor *and shall suspend his or her activities with children and youth of the Church.*

I have read and understand the above statements of position, expectations and actions.

Signature

Date

WETHERSFIELD UNITED METHODIST CHURCH

**VOLUNTEER APPLICATION FOR EMPLOYEES, OTHER PAID AND
UNPAID STAFF AND
WORKERS WITH CHILDREN AND YOUTH**

Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Occupation: _____

Employer: _____

Are you 18 years old or older? ___N ___Y

Current job responsibilities and schedule:

Previous work experience:

Special interests, hobbies, and skills:

How many hours per week are you available to work/volunteer?

___ Days ___ Evenings ___ Weekends

Can you make a one-year commitment to this volunteer role?

Do you have your own transportation?

Do you have a valid driver's license?

Do you have liability insurance? (List policy limits and name of carrier)

Why would you like to volunteer as a worker with children or youth?

What qualities do you have that would help you work with youth?

How were you parented as a child?

If you were a parent of teenagers, how would you discipline them?

Have you ever been exposed to an incident of abuse of a child or teenager?

____ No ____ Yes

If yes, how did you feel about the incident?

Would you be available for periodic volunteer training sessions?

____ No ____ Yes

Current or most recent employer information:

Company _____

Address _____

Supervisor _____ Tel. # _____

Dates employed _____

List churches/religious organizations you have attended regularly in the last 5 years:

Church & Address	Type of volunteer work	Dates
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List all other volunteer work and employment involving youth

<u>Organization</u>	<u>Address</u>	<u>Type of work</u>	<u>Dates</u>
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Two Non-Personal References (Do not list relatives)

1. Name: Address:

Daytime phone:

Evening phone:

Relationship to reference:

2. Name: Address:

Daytime phone:

Evening phone:

Relationship to reference:

Signature of Applicant

Date

CONFIDENTIAL SCREENING FORM

This form will be reviewed by the Confidential Screening Committee. *Please answer each question candidly and completely. A “yes” answer will not necessarily disqualify a person from serving as a volunteer.* The form will be kept in a confidential file to protect your privacy.

Name (First, Middle, Last)_____

Address_____

Home Phone_____

Please circle “yes” or “no”. If you answer “yes” to any of the following questions, please attach an explanation noting the date, nature and place of the incident involved, where the case was litigated or is pending, and the outcome or present status of the case.

1. Have you ever been convicted of, or pleaded guilty or no contest, to a criminal charge of sexual abuse, child abuse, child molestation, or child neglect, in this state or any other state or country?

Yes / No

2. Have you ever been convicted of, or pleaded guilty or no contest, to any other crime, whether a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?

Yes / No

3. Are there *any criminal proceedings* pending against you?

Yes / No

4. Are you the subject of an indicated child abuse or maltreatment report in this state or any other state or country?

Yes / No

5. Have you ever had a lawsuit alleging actual or attempted sexual discrimination, sexual harassment, sexual exploitation or sexual misconduct, physical abuse or child abuse filed against you which resulted in a judgment entered against you, or was settled out of court, or was dismissed because the statute of limitations had expired?

Yes / No

6. Have you ever terminated your employment or service in a volunteer position, or had your employment or authorization to hold a volunteer position terminated, for reasons relating to allegations of actual or attempted sexual discrimination, sexual harassment, sexual exploitation, or sexual misconduct, physical abuse or child abuse?

Yes / No

7. Are you willing to provide transportation for children or youth? Yes/No
If yes, please answer the following questions:

a. Has your driver's license ever been revoked or suspended?

Yes / No

b. In the past 3 years, have you been convicted of, or pleaded guilty to, any offense involving a moving vehicle violation in this state or any other state?

Yes / No.

c. Do you experience seizures of any kind?

Yes / No. If you answered yes, please indicate whether the seizures are controlled by medication.

d. Do you regularly take any medication that could affect your ability to drive?

Yes / No.

The information contained in this form is true to the best of my knowledge. I recognize my duty to update this information if I become aware that any answer I have given at this time becomes inaccurate in the future while I am volunteering to work with the children or youth of the Wethersfield United Methodist Church ("the Church").

I authorize any references or churches listed in this application to respond to any inquiries from the Church regarding my fitness to work with children and youth, and I give my permission for the Church to conduct a background check. I further authorize the Church to question the churches and references I have listed regarding my character. To encourage them to speak freely and in consideration of the receipt and evaluation of this application, I hereby release any individual, church or reference, including record keepers and ministers, from any and all liability and responsibility arising from their actions made in good faith and without malice in response to inquiries from the Church.

To allow the Church to attain its goal of providing a safe environment for all who come to it, I authorize the Church to share information from this application, my references, and former churches on a need to know basis.

Signature

Date

WETHERSFIELD UNITED METHODIST CHURCH
BACKGROUND INVESTIGATION CONSENT

I, _____ (applicant complete name), hereby authorize the WETHERSFIELD UNITED METHODIST CHURCH (the “Church”) and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with the Church. I release the Church and/or its agents, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Full legal name (printed)

Maiden name or other names used

Present street address

How long?

City/State Zip

Former street address

How long?

City/State/Zip

Date of birth

Social security #

Driver’s license #

State of license

Race: (please indicate)

W	B	I	A	H	O
White	Black	American Indian	Asian/Pacific Islander	Hispanic	Other

Signature

Date

WETHERSFIELD UNITED METHODIST CHURCH

PRIVACY STATEMENT

To assure the protection and preservation of the confidential information regarding the background records and reference checks of current or potential employees and volunteers, undersigned hereby agrees to release any obtained information only to those individuals responsible for the hiring, selection and screening of these individuals and to no one else. At present, this form will be reviewed by the Confidential Screening Committee

WETHERSFIELD UNITED METHODIST CHURCH

Signatures and Dates (Please sign and date below):

Pastor: _____ – _____
Print Name Signature

Lay Leader: _____
Print Name Signature

Chair Staff Parish Relations Committee:

Print Name Signature

This form must be on file for student to participate in activities off church grounds. Please notify WUMC of any changes.

Wethersfield United Methodist Youth Fellowship

General Medical Release, covenant of conduct and permission form

First Name _____ Last Name _____
Address _____
City/State/Zip _____
Email _____

T-Shirt Size (adult sizes) Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____

_____ Female
_____ Male
(Check one please)

Age _____
Birthday _____
School _____

Grade _____
Home Phone
() _____

Child's Cell
() _____

Please (do do not) send text messages with MYF reminders to youth and/or parents.
(Circle one.)

Covenant of Conduct (must be signed by participant and parent)

I, (name) _____, understand that all events sponsored by WUMC are for the Christian nurture and growth of every person in attendance, and all instructions given by the adult leaders and/or event staff are for the safety and benefit of all present. I will show respect for all in attendance, in particular those in leadership positions. I will not use any tobacco, nor alcohol, or illegal drugs, nor will I have in my possession any device that can be used to start fires. I will not possess weapons of any sort. I will attend all sessions of the event with my group. I will make every effort to show respect for the facilities being used, and leave all facilities in the condition in which I found them, or better! I will observe the curfew set by my leaders. I will wear clothing appropriate for a Christian event, including modest shorts, tops, and bathing suits. I recognize that willful failure to comply with instructions can cause serious problems and, upon consultation with counselors and staff, may result in immediate contact of parents to make arrangements for me to be returned home at my parents' expense.

I have read the above paragraph and I agree to be responsible for my behavior in acceptance with the guidelines stated above. My parents and I understand violation of the guidelines may result in my being sent home.

Student Signature _____

Permission for Minors: I hereby give permission for my child _____ to attend the activities sponsored by WUMC and the facility we are visiting, and participate fully in activities.

Emergency Medical Care: in the event that _____ suffers any illness or accident requiring emergency hospitalization while at any event, sponsored or attended by WUMC, I hereby give permission for any necessary hospitalization. I hereby give permission to the physician selected to order x-rays, routine tests, and treatment for the health of the above named. I realize that every effort will be made to contact me and/or the contact person listed above in case of emergency. I hereby give permission to a physician to hospitalize/secure proper treatment for /order injection of anesthesia for the above named. I will not hold WUMC nor any other organization/facility/staff associated with these events responsible in the event of accident, loss, or death.

Parent's Signature _____
Parent's work phone numbers () _____ () _____
Parent's cell numbers () _____ () _____
Parent's email _____

Today's date _____ This document good for one year from date signed.

Emergency Information

Emergency Contact

Relationship _____
Ph. #1 () _____
Ph. #2 () _____

Insurance Co. _____

Name on Policy _____

Relationship _____
Policy # _____

Special Medical or Dietary Needs

Known Allergies _____

Limitations _____

All Current Medications _____

Other possible Medications _____

(Please advise us of any changes)

Parental authorization to use photographs and video

I (do do not - please circle one) give permission for my child's image to be used to promote the youth program at our church.

Can any of the following be administered as needed?

_____ Aspirin
_____ Tylenol
_____ Ibuprofen

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

**WETHERSFIELD UNITED METHODIST CHURCH
APPLICATION FORM FOR YOUTH WORKERS**

This form must be completed by anyone aged 12-17 who wishes to volunteer to help with Children's Church or other church school classes.

Name: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

School: _____ Grade: _____

I understand that in serving as a volunteer for the Wethersfield United Methodist Church that I am willing to abide by the Basic Procedures for Safe Ministry with Children and Youth to reduce the risk of child abuse in this church. I understand that child abuse is a serious matter and will do my part in the prevention of child abuse while serving the youth of our church.

Signature of Youth Worker

Date

I do not know of any reason why my child should not serve as a Youth Worker. He/she does not demonstrate any signs of being a potential risk to the church.

Signature of Parent/Guardian

Date

EMPLOYEE, WORKER AND YOUTH VOLUNTEER CHILD WORKER ENLISTMENT CHECKLIST

Name: _____ Status: _____ CBC required? _____

TASK TO COMPLETE

COMPLETED BY - INITIALS

- Read Policies and Procedures Manual* _____
- Complete Application and Screening Form(s)* _____
- Signed Code of Ethics* _____
- Signed Background Investigation Consent* _____
- Received Criminal Records Check Privacy Statement* _____
- Youth Volunteer Information Form* _____
- Read Basic Procedures for Safe Ministry* _____
- References Checked _____
- Church Status (Minimum 6 months involvement) _____
- Criminal Background Check (“CBC”) Performed _____
- CBC Reviewed by Appointed Committee _____
- Interview After Checks Are Made (if required) _____
- Review Background Transcripts with Applicant (if requested) _____
- Worker Training _____
 - Definition of Child Abuse* _____
 - Basic Procedures for Safe Ministry* _____
 - Procedure on Reporting Abuse* _____

* Documents are available on the WUMC church website. Copies will be provided for people that do not have access to a computer. After reading the above documents and filling out the applicable forms, you will need to initial and date the line item to indicate that you have completed this item and return this check list along with completed forms to the church office.

CHECKLIST FOR RESPONSE TO ALLEGATION OF SEXUAL ABUSE TO BE COMPLETED BY CLERGY/PROFESSIONAL STAFF PERSONS

In the case of an allegation of child/youth sexual abuse, the employee, worker or clergy staff person who observes or to whom the information is given is required by the Church and by state law to complete the tasks listed below. Date and initial as each step is completed. Note: If allegation is against the Senior Minister, the report should go to the chairperson(s) of the Staff Parish Relations Committee and the District Superintendent.

In investigating child sexual abuse there is something known as ‘minimal words.’ That means that the child is not questioned regarding the incident. DCF notifications and initial investigatory steps by law enforcement focus on the initial disclosure. It is best that the child not be made to repeat the story multiple times as this leads to additional trauma and legal issues that favor the defendant. Forensic interviews are the preferable means to obtaining detailed information from the child. If not mentioned here in the manual it should be part of training that the child is not to be interviewed by church staff. The person to whom initial disclosure was made should be the point of contact.

Date: _____	Initial: _____	1. For clergy and paid professional staff: remove the accused from the situation and suspend the accused from duties involving children/youth.
Date: _____	Initial: _____	For volunteers: Remove the accused from the situation and immediately notify the closest available clergy/professional staff person who will suspend the accused. If the clergy/professional staff person to whom the allegation is reported is not the direct supervisor of the accused, the person reporting will inform the supervisor as soon as possible.
Date: _____	Initial: _____	2. Make written documentation of everything done and said. If the person reporting the allegation is a volunteer, both the volunteer and the clergy/professional staff to whom the volunteer has reported will document the procedures taken.

The procedures after this point will be administered by ministerial staff persons only.

Date: _____	Initial: _____	3. Immediately notify the parents/guardians of the alleged victim and respond to their questions and concerns.
Date: _____	Initial: _____	4. Determine whether the incident requires immediate notification of state authorities.
Date: _____	Initial: _____	5. Immediately notify the minister in charge.
Date: _____	Initial: _____	6. Make written documentation of persons contacted and action taken to this point.
Date: _____	Initial: _____	7. The clergy/professional staff person will immediately establish a small response team to begin the internal and pastoral care process.
Date: _____	Initial: _____	a. notify the insurance carrier of the incident immediately and comply with its investigation, if any;
Date: _____	Initial: _____	b. cooperate with legal and state authorities in their investigations, if any;
Date: _____	Initial: _____	c. prepare a written statement and designate a spokesperson to respond to media inquiries;
Date: _____	Initial: _____	d. provide assistance to the alleged victim and his/her family in obtaining counseling or referral to a mental health professional, if needed; determine whether the alleged victim's counseling expenses can be reimbursed by the Church or the insurance carrier;

Date: _____	Initial: _____	e. respond to the needs of the families of the alleged victim and the accused to seek a redemptive solution for all
Date: _____	Initial: _____	f. inform the volunteer(s) who reported an incident and paid staff members of the need for confidentiality
Date: _____	Initial: _____	8. Consider and respond to the concerns of other parents.
Date: _____	Initial: _____	9. The director of the affected ministerial area will respond to the pastoral care concerns of persons within the department.
Date: _____	Initial: _____	10. Make written documentation of persons contacted and action taken.

Incident Report Form

Reason for report _____

Date of incident _____ Class _____

Title _____

Name(s) and Age(s) of Minor(s) _____

Quote the child's first words verbatim: _____

Briefly describe what happened: _____

What action did you take? _____

Has the incident been resolved? ___yes___ no Explain: _____

Were there any witnesses? ____yes ____no Names: _____

Signatures of witnesses (if possible): _____

Report submitted to: _____

Report submitted by: _____

Date report submitted:_____