First United Methodist Church  
Vandalia, Illinois  
Safe Sanctuaries Policy  
April 26, 2016

Safe Sanctuaries Task Force

The members of the Safe Sanctuaries Task Force were chosen following the guidelines of the primary resource, Safe Sanctuaries, written by Joy Thornburg Melton, Discipleship Resources, 2012. Those participating in the Task Force were Pastor Terry Westerfield; Alan Lurkins, SPRC Chairperson; Max Durbin, Trustees Chairperson; Dean Black, Lay Leader; Cindy Laramee, Children's Ministry Chairperson; Brian and Beth Kern, Youth Ministry Co-Chairpersons; Lisa Burnam, Preschool Board Chairperson; and Abbey Thompson, Preschool Director.

Introduction

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:

Jesus said, “Whoever welcomes [a] child. . . welcomes me” (Matthew 18:5). Children are our present and our future, our hope, our teachers, our inspiration. They are full participants in the life of the church and in the realm of God.

Jesus also said, “If any of you put a stumbling block before one of these little ones. . . it would be better for you if a great millstone were fastened around your neck and you were drowned in the depth of the sea” (MATTHEW 18:6). 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, emotional, and sexual exploitation and abuse” (PARAGRAPH 162C).

Tragically, churches have not always been safe places for children. Child sexual abuse, exploitation, and ritual abuse (“ritual abuse” refers to abusive acts committed as part of ceremonies or rites; ritual abusers are often related to cults, or pretend to be] 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 within 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 – 2000, PP. 180-181. COPYRIGHT © 2000 BY THE UNITED METHODIST PUBLISHING HOUSE. USED BY PERMISSION.)

Thus, in covenant with all United Methodist congregations, we adopt this policy for reducing the risk of abuse of children, youth, and adults in our church.

Purpose

Our congregation’s purpose for establishing this Safe Sanctuaries policy and accompanying procedures is to demonstrate our strong and unwavering commitment to the physical safety and spiritual growth of all of 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 of our children, youth, and adults as well as all of 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 all programs and events; we will educate all of 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; and we will be prepared to respond to media inquiries if an incident occurs.

Conclusion

In all of our ministries with children, youth, and adults, this congregation is committed to demonstrating the love of Jesus Christ so that each individual 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).

Application Process

All present employees and new applicants must complete the necessary forms for the application process upon adoption of the Safe Sanctuaries Policy by the Church Council of First United Methodist Church of Vandalia. Standard hiring procedures should include a written application form, three personal references, a personal interview with the applicant, and a criminal background check of the applicant. Each worker, volunteer and staff, shall sign a covenant to abide by and cooperate with the church’s Safe Sanctuaries Policy and be willing to undergo a background check.

Volunteers and paid staff who are known to have been convicted of any sex crime or are registered sex offenders are not allowed to work with children, youth, or vulnerable adults. Any issues resulting from a background check will be reviewed by the Staff Parish Relations Committee.

All staff and volunteers must wait six months from the time of hire or entrance into the church before they are allowed to supervise children, youth, and/or vulnerable adults (the six months rule). All workers with children, youth, and vulnerable adults shall participate in an annual orientation session in which they are informed of the prevention of child abuse, procedures to be used in all ministries with children, youth, and vulnerable adults, and details of the state laws regarding child abuse.

The church office will review through the Illinois Secretary of State the driving record of all drivers of church owned vehicles annually.

Supervision of Children

All classrooms and offices must have unobstructed glass windows either in the doors or beside the doors or consist of a two-part door. All doors to rooms where children are gathered must remain open (at least the top half of a two-part door) at all times. At any counseling session with children, the door shall remain open for the entire session if there is no window in the door or adjacent to it. It is highly recommended that another adult (18+) be in the vicinity (adjacent offices, lobby, etc.) during counseling sessions.

Ideally, no fewer than two adults (18 or older) shall be present at all times during any church sponsored program, event, or ministry involving children. An exception may be made for youth assisting an adult with Vacation Bible School as long as the youth assistant is at least five years older than the oldest
student present in that class.

A basic rule for ministry with children is to always give the parents advance notice and full information regarding the event(s) in which their children will be participating. Notify parents of any event in which a worker will be alone with a child. Before the event, parents must give written permission for their child’s participation. Doing this protects the church in that it proves that parents were informed of the event, advised of the situation, and given the chance to prevent their child from being alone with a worker.

Providing parents with advance notice and full information about activities must be a guiding principle in a church’s ministries with children and youth. Advance information encourages parents to support the ministry by scheduling their child’s participation. It could also possibly lead to parents participating in the ministry as volunteer leaders. Advance information can help parents and children decide whether the content and substance of the event are suitable for their participation. Most important, advance information demonstrates that the church takes its ministries seriously enough to plan thoroughly and to provide for the safest possible experiences.

(Joy Thornburg Melton, Safe Sanctuaries, 2012)

The church office must have on file emergency contact information along with any relevant medical information for any child who is involved in a church activity, when no responsible parent or guardian is present. Permission forms allowing emergency medical treatment or transportation shall be signed by the parent or guardian upon initial contact with the child.

Children, infant through Kindergarten, must be picked up by a parent or a designated guardian following all events in the advertised location.

Only children age three and younger may be placed in the church Nursery. The first time a parent or designated guardian checks a child into the Nursery, an information log must be completed, and then it should be reviewed each time the child is left there. Upon a first visit, each parent or designated guardian shall receive a letter of notification regarding the church’s procedures for emergencies. Log information for each child shall include health issues, allergies, diaper changing instructions, and emergency contact information. A signature of the responsible adult will be needed to remove a child from the nursery.

When children are transported by church staff or volunteers, two adults (at least 21 years of age) shall be present in each vehicle. Requirements for transportation of children should be followed as explained on the State of Illinois’ website found at: https://www.cyberdriveillinois.com/departments/drivers/childsafety.html

The church office will review through the Illinois Secretary of State the driving record of all drives of church owned vehicles annually.

A complete first aid kit shall be maintained for each area of the church where children gather, including: the Church Office, Nursery, Preschool, Kitchen, Family Center, bus, and van. Accident report forms shall be available in the Church Office, and shall be used for every injury that requires worker attention.

Basic first aid, CPR, and AED training along with a review of the church’s Safe Sanctuaries Policy and State requirements regarding children shall be provided annually for all staff and volunteers who work with children.
Supervision in the Preschool

All classrooms and offices must have unobstructed glass windows either in the doors or beside the doors or consist of a two-part door. At any counseling session with children, the door shall remain open for the entire session if there is no window in the door or adjacent to it. It is highly recommended that another adult (18+) be in the vicinity (adjacent offices, lobby, etc.) during counseling sessions.

Children in the Preschool shall be supervised at all times by an adult (18+) who meets DCFS educational requirements. Any situation requiring direct contact with a child (i.e. cleaning up following an accident) shall have two adults present.

The Preschool must have on file completed and signed DCFS specific forms for each registered child.

External Preschool doors will remain locked at all times when children are present, and visitors to the Preschool must first seek permission to enter the Preschool area using the electronic entrance system. Preschool children must be picked up by a parent or a designated guardian following all events at the Preschool.

A complete first aid kit shall be maintained in the Preschool. Accident report forms shall be available in the Preschool, and shall be used for every injury that requires worker attention.

Basic first aid, CPR, and AED training along with a review of the church’s Safe Sanctuaries Policy, pertinent DCFS guidelines, and State requirements regarding child shall be provided annually for all staff and volunteers who work in the Preschool.

Supervision of Youth

All classrooms and offices must have unobstructed glass windows either in the doors or beside the doors. All doors to rooms where youth are gathered must remain open at all times. At any counseling session with youth, the door shall remain open for the entire session if there is no window in the door or adjacent to it. It is highly recommended that another adult (18+) be in the vicinity (adjacent offices, lobby, etc.) during counseling sessions.

Ideally, no fewer than two adults (18 or older with one of the adults being at least five years older than the oldest youth) shall be present at all times during any church sponsored program, event, or ministry involving children, including the Nursery. An exception may be made for youth assisting an adult with Vacation Bible School as long as the youth assistant is at least five years older than the oldest student present in that class.

A basic rule for ministry with children is to always give the parents advance notice and full information regarding the event(s) in which their children will be participating. Notify parents of any event in which a worker will be alone with a child. Before the event, parents must give written permission for their child’s participation. Doing this protects the church in that it proves that parents were informed of the event, advised of the situation, and given the chance to prevent their child from being alone with a worker.

Providing parents with advance notice and full information about activities must be a guiding principle in a church’s ministries with children and youth. Advance information encourages parents to support the ministry by scheduling their child’s participation. It could also possibly lead to parents participating in the ministry as volunteer leaders. Advance information can help parents and children decide whether the content and substance of the event are suitable for
their participation. Most important, advance information demonstrates that the church takes
its ministries seriously enough to plan thoroughly and to provide for the safest possible
experiences. (J oy T hornburg M elton, Safe S anctuaries, 2012)

The church office must have on file emergency contact information along with any relevant medical
information for any youth who is involved in a church activity, when no responsible parent or guardian
is present. Permission forms allowing emergency medical treatment or transportation shall be signed by
the parent or guardian upon initial contact with the youth.

When youth are transported by church staff or volunteers, two adults (at least 21 years of age with one
of the adults being 5 years older than the oldest youth) shall be present in each vehicle.

The church office will review through the Illinois Secretary of State the driving record of all drives of
church owned vehicles annually.

In motel settings, it is recommended that youth be assigned to room(s) that are separate from the adults.
If possible, make the room assignment so that an adult room is between two youth rooms. It is also
recommended that the adults arrange among themselves to check on the youth rooms on a random
schedule during the night. Booking rooms that face the interior of the building is safer than rooms
exposed to the exterior.

A complete first aid kit shall be maintained for each area of the church where youth gather, including: the
Church Office, Nursery, Preschool, Kitchen, Family Center, bus, and van. Accident report forms shall be
available in the Church Office, and shall be used for every injury that requires worker attention.

Basic first aid, CPR, and AED training along with a review of the church’s Safe Sanctuaries Policy and
State requirements regarding child shall be provided annually for all staff and volunteers who work with
children.

Supervision of Vulnerable Adults

A “vulnerable adult” is defined as an adult person whose ability to perform the normal activities of daily
living is impaired due to a mental, emotional, physical, or developmental disability or dysfunction, or brain
damage or the infirmities of aging.

All classrooms and offices must have unobstructed glass windows either in the doors or beside the
doors. All doors to rooms where vulnerable adults are gathered must remain open at all times. At any
counseling session with vulnerable adults, the door shall remain open for the entire session if there is
no window in the door or adjacent to it. It is highly recommended that another adult (18+) be in the
vicinity (adjacent offices, lobby, etc.) during counseling sessions.

Ideally, no fewer than two adults (18 or older) shall be present at all times during any church sponsored
program, event, or ministry involving vulnerable adults. Before any adult is allowed to supervise activities
involving vulnerable adults, he or she must first be associated (including regularly attending services) with
First United Methodist Church for a period of six months.

A basic rule for ministry with vulnerable adults is to always give the supervising adult advance
notice and full information regarding the event(s) in which their vulnerable adult will be
participating. (J oy T hornburg M elton, Safe S anctuaries, 2012)

The church office must have on file emergency contact information along with any relevant medical
information for any vulnerable adult who is involved in a church activity.

A complete first aid kit shall be maintained for each area of the church where vulnerable adults gather, including: the Church Office, Nursery, Preschool, Kitchen, Family Center, bus, and van. Accident report forms shall be available in the Church Office, and shall be used for every injury that requires worker attention.

Basic first aid, CPR, and AED training along with a review of the church’s Safe Sanctuaries Policy and State requirements regarding vulnerable adults shall be provided annually for all staff and volunteers who work with vulnerable adults.

**Cyber Safety**

Whenever televisions, computers, or other electronic devices are being used, adequate adult supervision must take place to prevent viewing of inappropriate content. Any television connected to the internet or cable must have its parental controls set at the appropriate level for the age group involved.

**When Abuse Occurs**

It should be understood that any paid staff member or volunteer working with children or youth is required to report any evidence of neglect or abuse directly to the Department of Children and Family Services.

When an allegation of abuse of any of the children, youth, or vulnerable adult is made against a worker or member, the Staff Parish Relations Committee shall be prepared to do the following:

Notify the parents or guardian of the victim and take any necessary steps to assure his or her safety until the parents arrive. The safety of the victim must be the church’s primary concern.

Do not confront the accused abuser with anger and hostility. Treat the accused with dignity, but immediately remove him or her from further involvement with children, youth, or vulnerable adults.

Notify the proper law enforcement or department of family services agency.

Notify the annual conference authorities (District Superintendent), the church’s insurance company, and the church’s attorney.

Keep a written record of the steps taken by the church in response to the allegations of abuse.

Call on your designated spokesperson to make any necessary statements or responses to the news media.

Prepare a brief and honest statement that can be made to the congregation without giving unnecessary details, placing blame, interfering with the victim’s privacy, or violating any confidentiality concerns.

Be prepared to cooperate fully with the investigation conducted by law enforcement officials or department of family services.

**Church Participation by a Registered Child Sex Offender**

The Social Principles of The United Methodist Church declare: *We recognize that family violence*
and abuse in all its forms – verbal, psychological, physical, sexual – is detrimental to the covenant of the human community. We encourage the Church to provide a safe environment, counsel, and support for the victim. While we deplore the action of the abuser, we affirm that person to be in need of God’s redeeming love.


Discussions shall be held in the Church Council and in adult education settings about the possibility of facing the situation of a convicted sex offender returning to or joining the church with the end result of an agreed-upon plan of action.

A carefully constructed and openly negotiated covenant shall be developed between the offender and church community. This covenant will not only protect the children and youth but protect the offender from false allegations. The covenant should include the specific restrictions of the offender’s probation/parole, as well as agreements in the following areas: adult “covenant partners” to accompany the offender while on church property or attending church activities; areas of church facilities that are “off limits;” restrictions on leadership in or on behalf of the church; no role in the church that includes contact with children or youth; and any additional conditions for presence or participation.

The covenant shall be in writing and signed by the offender, the pastor, and the chairperson of the Staff Parish Relations Committee. While confidentiality of victims should be respected, the covenant should not be secret. Monitoring of the covenant should be taken seriously as a permanent responsibility. There must be a clear and unambiguous provision that in the event the convicted offender fails to comply with any part of the plan, then his/her participation in the congregation will no longer be accepted and his/her probation office, if applicable, will be notified.

First Aid Kit

The on-site first aid kits shall be stored in a closed container that is clearly labeled as first-aid supplies and stored in a place that is accessible to staff and volunteers but out of the reach of children. Each kit shall contain the following supplies, at a minimum:

- Disposable latex gloves
- Pen/pencil and note pad
- Scissors
- Cold pack
- Tweezers
- Adhesive bandages
- Thermometer
- And for Outings:
- Bandage tape
- Water
- Sterile gauze pads
- Soap
- Flexible roller gauze
- Antiseptic cream or solution
- Triangular bandage
- Telephone number of the child care center
- Safety pins
- (preferably on a laminated card)
- Eye dressing

Current American Academy of Pediatrics or American Red Cross standard first-aid text or an equivalent first-aid guide.

Addendum

Medical Release Form

Permission and Release Form

Employment Application
Authorization & Request for Criminal Records Check
Volunteer Application
Reference Check Form
Safe Sanctuaries Policy Covenant Agreement
Report of Suspected Incident of Child Abuse Form
Accident Report Form
First United Methodist Church of Vandalia
Medical Release Form

Name: _________________________________________ Date of Birth: _______________________________
Address: __________________________________________________________________________________
City: _____________________________________________  State:___________________ Zip: ____________________
Parent/Legal Guardian Name(s): _______________________________________________________________________
Home Phone # __________________________________  Cell Phone # _______________________________________ 
E-mail Address: ____________________________________________________________________________________
Father’s Workplace: ___________________________________________  Work # ______________________________ 
Mother’s Workplace: ___________________________________________  Work # ______________________________ 
Custody Restrictions: ________________________________________________________________________________
Additional Emergency Contacts & Phone # ________________________________________________________________  

Medical Information

Allergies or Drug Sensitivities: _________________________________________________________________________
Medications Being Taken: ____________________________________________________________________________
Restrictions on Activities: _____________________________________________________________________________
Date of Last Tetanus Booster: ______________________________
Pertinent Past Medical History _________________________________________________________________________
_________________________________________________________________________________________________
Insurance Company: ________________________________________ I.D. # ___________________________________
Insured Name, Place of Employment & Work # ___________________________________________________________
Hospital Preference (for Non-Emergency Situations): _______________________________________________________
Primary Family Physician and Phone # __________________________________________________________________

We, the undersigned parents or legal guardians of __________________________________, a minor, do hereby release 
authorization and permission is given to First United Methodist Church of Vandalia to furnish any necessary transportation, 
food, and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify First United 
Methodist Church, its directors, employees, and agents, for any liability sustained by said Church as the result of the negligent, 
willful or intentional acts of said participant, including expenses incurred attendant thereto. In the event of an emergency, I 
hereby authorize an adult leader of this youth ministry, as an agent for me, to consent to an X-ray examination, emergency 
transportation, medical, dental, surgical diagnosis, treatment, or hospital care advised and supervised by a physician, surgeon, 
or dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor’s 
office or in any hospital. We further assume responsibility for the decision so made and the emergency care or treatment so 
secured for our child. We understand that, given proper time and circumstances, we will be notified by phone as soon as 
possible when treatment is needed or secured. Furthermore, should it be necessary for the participant to return home due to 
medical reasons, disciplinary action or otherwise, we assume all transportation costs involved.

________________________________________________________________________ Date ____________________
Signatures of Custodial Parent or Legal Guardian
First United Methodist Church of Vandalia

Permission and Release

First United Methodist Church of Vandalia sponsors various activities for its youth. I give permission for my child to participate in any Church-sponsored activity that my child attends. I further give permission for my child to ride with a driver age 21 or older to and from those activities. I understand that with any activity, including transportation, there is the chance of injury to person or damage to property. Notwithstanding that risk, I release, relieve, and hold harmless First United Methodist Church of Vandalia, its employees, members, and volunteers (including drivers) from any and all liabilities, including liability resulting from injury to person or damage to property, arising out of my child’s participation in a Church-sponsored activity, including transportation provided by a driver age 21 or older.

Further, in the event my child is injured at a Church activity and requires medical treatment, I give permission to any adult leader (age 21 years or older) to authorize such medical treatment as he or she determines appropriate in consultation with medical professionals, and I agree to be financially responsible for such medical treatment.

It is not unusual for youth to ride with their peers who are licensed to drive. I understand and agree that the Church does not and will not accept responsibility for injuries or damages resulting from my child riding with their peers to or from Church activities. I agree to be responsible for transporting my child to and from church functions if I do not want them riding with their peers.

I understand that he/she may be photographed, and that these photographs may be included in publications and web sites of First United Methodist Church of Vandalia.

Name of Child ________________________________________________________________

_______________________________________________________  Date ____________________

Signature of Parent or Legal Guardian

This form must be signed and returned before your child will be permitted to participate in a Church-sponsored activity.
First United Methodist Church of Vandalia
Employment Application

Name: ___________________________________________________________________

Are you over the age of 18? ___ Yes ___ No

Present Address: __________________________________________________________________

City: ____________________________________ State: ___________________ Zip: ___________

Home Phone: _____________________________ Cell Phone: _____________________________

Position applied for _________________________ Date you are available to start ______________

Qualifications

Academic Achievements (Schools attended, degrees earned, dates of completion)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Continuing Education Completed: (Courses taken, dates of completion)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Professional Organizations: (List any in which you have membership)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

First aid training? ___ Yes ___ No Date completed _________________________________

CPR training? ___ Yes ___ No Date completed _________________________________
Previous Work Experience

Please list your previous employers from the past five years. Include the job title, a description of position duties and responsibilities, the name of the company/employer, the address of 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, the 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)?  ___ No  ___ Yes

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: ____________________________________________
Relationship to reference: __________________________________________________________

Waiver and Consent:
I, ______________________________, hereby certify that the information I have provided on this application for employment is true and correct. I authorize this 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 employed by First United Methodist Church of Vandalia, I agree to abide by and be bound by the policies of Church and to refrain from inappropriate conduct in the performance of my duties on behalf of First United Methodist Church of Vandalia.

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 ____________________
Witness _________________________________________________________ Date ________________
I, ____________________, hereby authorize First United Methodist Church of Vandalia to request the Vandalia police department 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 law. I do release said police department 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 _____________________________________________________________

Driver’s License Number ____________________ State Issuing License ______________________
First United Methodist Church of Vandalia
Volunteer Application

Name: ________________________________________________________________________

Address: ______________________________________________________________________

Daytime Phone: __________________________  Evening phone: ________________________

Occupation: ___________________________________________________________________

Employer: _____________________________________________________________________

Current job responsibilities and schedule: __________________________________________

Previous work experience: _________________________________________________________

Previous volunteer experience: _____________________________________________________

______________________________________________________________________________

Special interests, hobbies, and skills: ______________________________________________

How many hours per week are you available to volunteer? _____________________________
  ____ Days   ____ Evenings   ____ Weekends

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

Why would you like to volunteer as a worker with children, youth, and/or vulnerable adults?
______________________________________________________________________________
______________________________________________________________________________

What qualities do you have that would help you work with children, youth, and/or vulnerable adults?
______________________________________________________________________________
______________________________________________________________________________

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)?  ___ Yes      ___ No
If yes, please explain fully: __________________________________________________________
________________________________________________________________________________

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 personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

Name: __________________________________________________________________________
Address: ________________________________________________________________________
Daytime Phone: __________________________ Evening Phone: ___________________________
Relationship to Reference: _____________________________________ ______________________

Name: __________________________________________________________________________
Address: ________________________________________________________________________
Daytime Phone: __________________________ Evening Phone: ___________________________
Relationship to Reference: _____________________________________ _____________________

Name: __________________________________________________________________________
Address: ________________________________________________________________________
Daytime Phone: __________________________ Evening Phone: ___________________________
Relationship to Reference: _____________________________________ _____________________

Signature of Applicant _____________________________________ Date ____________________
First United Methodist Church of Vandalia
Form for Reference Check

Applicant Name _____________________________________________________________
Reference Name _____________________________________ _______________________
Reference Address ________________________________________________________________
Reference Phone _________________________________________________________________

What is your relationship to the applicant?

How long have you known the applicant?

How well do you know the applicant?

How would you describe the applicant?

How would you describe the applicant’s ability to relate to children and/or youth?

How would you describe the applicant’s ability to relate to adults?

How would you describe the applicant’s leadership abilities?

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

Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

Please list any other comments you would like to make.

Reference inquiry completed by ______________________________________________________

Signature ____________________________ Date ____________________________
First United Methodist Church of Vandalia
Safe Sanctuaries Covenant Statement

The congregation of First United Methodist Church of Vandalia is committed to providing a safe and secure environment for all children, youth, vulnerable adults, workers, 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.

No adult who has been convicted of child abuse (either sexual abuse, physical abuse, neglect, emotional abuse, or ritual abuse) should volunteer to work with children or youth in any church-sponsored activity.

All adult volunteers involved with children or youth of our church must have been associated with the congregation for at least six months before beginning a volunteer assignment.

Adult volunteers with children and youth shall observe the “Two Adult Rule” at all times so that no adult is left alone with children or youth on a routine basis.

Adult volunteers with children, youth, and vulnerable adults shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.

Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer the following questions:

As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth? ___ Yes ___ No

As a volunteer in this congregation, do you agree to observe the "Two Adult Rule" at all times? ___ Yes ___ No

As a volunteer in this congregation, do you agree to abide by the “Six Month Rule” before beginning a volunteer assignment? ___ Yes ___ No

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

As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor(s)? ___ Yes ___ No

As a volunteer in this congregation, do you agree to inform the pastor of this church if you have ever been convicted of child abuse? ___ Yes ___ No

I have read this Safe Sanctuaries Covenant Statement, and I agree to observe and abide by the policies set forth above.

Signature ____________________ Print Name ____________________ Date _________________
First United Methodist Church of Vandalia
Report of Suspected Incident of Abuse

Name of worker (paid or volunteer) observing or receiving disclosure of abuse:
________________________________________________________________________________

Victim's name: _____________________________________________________________________

Victim’s age/date of birth: _____________________________________ _______________________

Date/place of initial conversation with/report from victim: __________________________________

Victim’s statement (give your detailed summary here): _____________________________________
________________________________________________________________________________
________________________________________________________________________________

Name of person accused of abuse: ____________________________________________________

Relationship of accused to victim (paid staff, volunteer, family member, other): _____________

Reported to Pastor?  ___ Yes      ___ No      Date ____________________, T ime _______________

Summary:________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Call to victim’s parent/guardian? ___ Yes      ___ No      Date ___________, Time _______________

Spoke with: ______________________________________________________________________

Summary: _______________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Worker’s Signature ________________________________________________________________
Signature  Date
First United Methodist Church of Vandalia

Accident Report Form

Date: ________________________

Date of Incident: _________________________________, Time: ____________________

Name of Injured Person: _____________________________________________________

Address: ________________________________________________________________________

Phone Number(s): ________________________________________________________________

Date of Birth: ____________________      ___ Male      ___ Female

Who was injured person?  ___ Employee      ___ Volunteer; ___ Member      ___ Non-member

___ Adult (18+)      ___ Youth (13-17)      ___ Child (0-12)

Type of Injury (if any):

What activity were you engaged in at the time of the incident?

Details of Incident: (use back if needed):

Witness(es):

Any Action Taken:

Did injury require physician/hospital visit?  ___ Yes      ___ No

Name of Physician/Hospital:

Address:

Physician/Hospital Phone Number

Signature of Injured Person _____________________________________ _____________________

Date

Signature of Person Reporting this Incident _____________________________________________

Date

Signature of Person who Accepted this Report ___________________________________________

Date

Return this form to the church office within 24 hours of the incident.