Swansboro United Methodist Church Safe Sanctuary Policy and Procedures

1. Crime of Abuse Rule

Persons who are deemed a threat to children and youth shall not be accepted as a volunteer or paid worker in any church sponsored program for children or youth. All volunteers who are in direct supervision of children and youth must undergo a criminal and major traffic violation background check every two years. Those volunteers include but are not limited to

- Sunday School teachers
- VBS Volunteers
- UM Kids Volunteers
- Confirmation Volunteers
- United Methodist Youth Fellowship Volunteers
- Youth/Children Volunteers that will be driving
- All paid staff
- All volunteers within their first year of service

2. Six Month Rule

All volunteers shall have been a member or constituent of Swansboro United Methodist Church for a minimum of six months.

3. Two Adult Rule

Two adult supervisors should be present at all activities for children and youth. If the adult supervisors are related a third adult will be available. Windows in doorways should not be covered during meetings, events, and small group sessions. Doors should never be locked during a program or activity.

Contingency A: One adult supervisor may be allowed as long as they are in a room with the door open and another adult roaming supervisor.

No youth/children volunteer under the age of 18 may be a class/activity leader. Teens and pre-teens may assist with an age group at least 5 years younger than themselves with a safe sanctuary trained adult supervisor.

Any inappropriate behavior between an adult worker and a young person should be reported to the Senior Pastor and investigated immediately.

For overnight activities and trips: Two adult supervisors/chaperones shall be present. If the adult supervisors are related, a third adult must be present. These persons must be cleared in advance with the proper church leaders. If the group is of mixed gender, the leaders must include at least one male and one female. The ratio of children/youth to adults should be 1 adult per 5-7 children/youth. No adult may share a room with a youth (except their own child.)

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4. Parental Permission

Children and youth should always have written parental/guardian permission for involvement in church sponsored activities and programs. Any parental/guardian medical permission slip for an overnight trip/activity must be notarized. Any child/youth who takes regular medication must have a notarized form for church file.

5. Church Sponsored Childcare Procedures

Proper supervision of children and youth should be maintained before and after church events. Children fifth grade and under shall be escorted parent/guardians or preauthorized adult, to and from classes/activities. No child shall be left at a classroom/activity without adult supervision.

6. Abuse Awareness Training

All persons working with children/youth are required to participate in safe sanctuary-training event sponsored by the church, and are required to attend a follow-up training every two years. North Carolina is a mandatory reporting state, so if there is a concern it is to be reported to the Senior Pastor. If the Senior Pastor is involved it is to be reported to the District Superintendent.

The Pastor will then report immediately to:

- The District Superintendent
- Director of Communications at the Conference Office (800-849-4433)
- Trustees Chairperson
- Department of Social Services or the Local Sherriff's department
- If it is a minor involved, contact the parents/guardians
- Church's insurance company

I HAVE READ THE POLICY REGARDING STATE LAW AND THE POLICY OF SWANSBORO UNITED METHODIST CHURCH LISTED ABOVE. I AGRE TO ABIDE BY THIS POLICY AND THE SAFEGUARDS LISTED. I UNDERSTAND THAT A CRIMINAL CHECK WILL BE CONDUCTED ON ME, AND I CONSENT TO ANY SUCH CHECK.

Will you agree to observe all church policies for working with children/youth?

YES	NO		
Print Name:		Date:	
Signature:		Date:	
Witness:		Date:	

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VOLUNTEER WORKER COMMITMENT FOR ACTIVITIES WITH CHILDREN OR YOUTH

(This form is to be completed by any volunteer working with children or youth in any capacity sponsored by Swansboro United Methodist Church.)

Swansboro United Methodist Church is committed to protecting all children, youth, volunteers, and staff who participate in church sponsored activities.

Please answer each question by *putting your initials* in the blank provided. Your response will be kept fully confidential.

1.	As a church volunteer, do you or children?	agree to observe all chur	ch policies regarding	g working with youth
	Yes	No		
2.	Have you ever been charged, felony (including but not limitheft, or motor vehicle violationYes	ted to drug-related charge		
3.	If yes, please explain fully, inc	luding date.		
4.	Complete Name			
	Identity must be confirmed wi	(Please print)		
5.	Social Security Number			
	Date of Birth, Month/Date/Yea	ar		_
6.	Present Address: Street	Cit	у	
	State Zip Cod	e		
	Home Phone Number	Cell Pho	one Number	
	Previous Address (If you have	moved within the last 5 y	vears)	
	Street	City	State	Zip Code
7.	Will you report to the church within 24 hours of the incident		pastor any incident	involving your arrest
	Yes			

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8.	Name, address, and phone number	nd phone number of church of which you are a member			
9.	Names, addresses, and phone numbers of other churches you have attended regularly dut the past five years.				
10.	List previous church work involvin	ist previous church work involving children or youth.			
11.	List previous non-church work involving children or youth				
12.	List any gifts, callings, training, einvolving youth or children.	education, or other factors that have prepared you for work			
relati		one should live in the Swansboro area. (Do not include			
Addr	ess	Address			
Phone	e Number	Phone Number			
Relationship		Relationship			
any r	eferences listed in this application to cter and fitness for work in children	ment form is correct to the best of my knowledge. I authorize give you any information that they may have regarding my or youth programs. I hereby release any individual, church all liability as they attempt to comply with this authorization.			
Signa	iture:	Date:			
Witne	ess:	Date:			

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Authorization and Request for Criminal Records Check

I,	, hereby authorize Swansboro United Methodist Church to			
request the police/sheriff's depa convictions contained in its file national. I hereby release said p	artment to release information regarding any record of sor in any criminal file maintained on me whether localice/sheriff's department from any and all liability respectively.	f charges or cal, state, or		
disclosure.				
Signature:	Date:			
Print Name:				
Print maiden name if applicable	o:			
Print all other aliases or other for	ormer names:			
Date of Birth:				
Place of Birth:				
Social Security Number:				
Today's Date:				

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