SAMPLE Safe Sanctuary POLICY
For a large United Methodist Congregation

United Methodist Church believes that all persons are significant to the growth of God’s kingdom and should have opportunity to worship, learn, and serve in various capacities to ensure personal growth and growth of others. We seek to provide an environment that is physically, emotionally and spiritually safe for all persons who enter our doors, especially children and youth. We seek to provide a safe environment in which opportunities for abuse are minimized through proper enlistment and supervision of those persons working with them.

It is our goal is to strive to be a “Safe Sanctuary” where we can work hand-in-hand growing our children and youth in their faith and a life devoted to Christ.

This policy contains theological foundations, definitions of child abuse, and policies/procedures related to prevention, response, and reporting.

THEOLOGICAL FOUNDATIONS
“Then Jesus took a little child and put her among them; and taking her in his arms, he said to them, ‘Whoever welcomes one such child in my name welcomes me, and whoever welcomes me welcomes not me but the one who sent me.’” (paraphrase of Mark 9:36-37) 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)

The Church, above all institutions, is called to welcome and nurture children. Our goal is to maintain a safe, secure, loving place where children may grow and where those who care for them may administer to their needs in responsible ways. As caring Christians, we are committed to protect and serve as advocates for children and youth, participating in the life of our church.

The policy and procedures set forth below will apply to all people who provide supervision or have custody of children or who have opportunity to have contact with children in church facilities or church sponsored activities.

DEFINITIONS
Child - A person under 18 years of age (§ 26-16-2, Ala. Code 1975)

Volunteer – A person who works with children or youth but is not paid by the church for such service

Youth Volunteer – A person under the age of 18 who assists in a non-supervisory role with children and receives no income for such service

Paid Staff – Any person who is paid by the church on a full-time or part-time basis

Child Abuse – Harm or threatened harm to a child’s health or welfare by a person responsible for the child’s health or welfare, which harm occurs or is threatened through non-accidental physical or mental injury; sexual abuse, which includes a violation of any provision of Chapter 6, Article 4, Title 13A Code of Alabama 1975.

Neglect – Harm to a child’s health or welfare by a person responsible for the child’s health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care (§ 26-16-2, Ala. Code 1975)
SCREENING AND SUPERVISION PROCEDURES AND POLICIES

Screening Procedures for Paid and Volunteer Staff Working with Children

All persons who intend to work with children and youth at _______ Church must be properly screened and all screening documents are to be kept on file in a secure location.

SCREENING PROCESS

Employees
• Complete an application form
• Complete a consent to release confidential information
• Complete an interview by appropriate staff members
• Minimum of three references checked and verified
• Complete national background check
• Drug and/or alcohol screening as deemed necessary and/or on demand

All records, forms and reports will become a part of the employee’s confidential personnel file. These files are kept by the Church Administrator and are available to the Pastor, and the employee’s immediate supervisor and members of the Staff Parrish Committee.

Volunteers
• Complete a confidential application form and Volunteer Covenant
• Complete a consent to release confidential information
• National Background check
• Spiritual Gift Form

All records, forms and reports will become a part of the church’s confidential Safe Sanctuary filing system. The files will be maintained by the church administrator or by a designated person at the senior pastor’s or church administrator’s discretion.

PROTECTION POLICY

The vitality of our ministries demands active volunteers who use their God given gifts in service of others. The following rules are designed to give a structure to volunteers while providing adequate care for our children.

Five-year Rule - All persons working with minors must be at least five years older than the age group they are leading/supervising.

Six-month Rule - A volunteer must be a member of _________________ Church, or a regular attendee, for a minimum of six (6) months to work in a supervisory role with children. Only with approval of the appropriate children’s or youth minister, senior pastor or church administrator, may a volunteer serve as supervisor, who does not meet the six-month rule requirement.

Two Adult Rule – Two non-related adult workers will be present with children and youth during church-related activities whenever possible except in emergency situations. An adult supervisor acting as a “floater” will make unannounced visits frequently when the two-adult rule is not feasible. In a room where there is a husband and wife team, they will be considered as one worker for purposes of this policy.

Minimum Age Rule – Persons who are in a paid or volunteer supervisory position must be at least eighteen (18) years old.

Minors – Volunteers under the age of eighteen (18) will be allowed to volunteer in children’s ministry in a support function, but not in a supervisory role. Minors who volunteer must complete a separate application form that will be submitted for approval by the children’s minister. Parents or guardians must
sign the application stating that the parent or guardian knows of no reason that the minor should not be allowed to work with other minors.

**Windows/Doors** – Reasonable efforts will be made to keep doors unlocked and/or windows unobstructed where children are in view during church-related activities. Workers will avoid being alone with a child without being visible to those in the immediate area.

**Local Activities** – Compliance with this Safe Sanctuary is required of all employees and volunteers during any church-related activity.

**Out-of-town Activities** – A written parental consent form and medical release form will be provided for all participants. A consent form may be kept on file for the period of one year and will be considered valid until expiration at the end of said year. Compliance with this Safe Sanctuary Policy is required of all employees and volunteers during any church-related non-local activity.

**Over-Night Activities** - Males and females will have separate sleeping areas. There will be male and female chaperones if there are male and female children.

**Transportation** – Any activities that require transportation of minors will adhere to both the policies contained within this document and the Vehicle Usage policy.

**REPORTING PROCEDURES**
In addition to mandated and permissive reporting to DHR and local law enforcement, incidents of child abuse and/or neglect should first be reported to local and district church authorities.

§26-14-3, Code of Alabama (1975), requires that certain persons, including but not limited to, day care workers or employees, members of the clergy, or any other person called upon to render aid or medical assistance to any child, report known or suspected child abuse or neglect.

In addition to the requirements set forth in §26-14-3, Code of Alabama, (1975), §26-14-4, Code of Alabama (1975), permits any person to make a report of known or suspected child abuse or neglect if such person has reasonable cause to suspect that a child is or has been abused or neglected.

**RESPONSES TO ALLEGATIONS**
All allegations of child abuse will be taken seriously. Appropriate action for reporting an allegation will be taken immediately by church staff in accordance with the reporting laws of the State of Alabama, insurance policies and the advice of legal counsel.

The official spokesperson for _________ church will be the Pastor or his appointee. No other staff members or church members will speak to the media in an official capacity.

Church staff will be responsible for written documentation regarding any and all efforts in response to an allegation. All documentation will be dated and have a signature.

Church staff will not deny, minimize, or blame any individual involved in allegations and will minister to all involved parties, as well as cooperate with authorities.

All care shall be taken to ensure confidentially of all parties involved. Disclosure of information in relation to allegations is prohibited, except as required for reporting purposes.

**RESOLUTION OF DISPUTES**
Church believes that the Bible commands Christians to make every effort to live at peace and resolve disputes with each other in private or in the Christian church (Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, we seek to resolve issues in a fair manner while preserving or restoring relationships fractured by a dispute.

Safe Sanctuary
Volunteer/Employee Covenant Statement

The congregation of _________ Church is committed to providing a safe and secure environment for all children, youth, volunteers and employees 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.

1. No adult who has been convicted of child abuse (sexual, physical, or emotional) should volunteer to work with children or youth in any church-sponsored activity.
2. All adult volunteers involved with children and/or youth must be members or regular attendees for at least six months before being assigned as a volunteer supervisor.
3. Adults who volunteer or work with children and/or youth shall observe the “Two-Adult Rule” so that no adult is ever alone with children or youth.
4. Adults who volunteer or work with children and/or youth should attend regular training and educational events when provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
5. Adult volunteers and employees shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

I have read this Volunteer/Employee Covenant Statement, and I agree to abide by all the policies set forth herein.

__________________________________  ________________  _______________________________________
Signature of Applicant Date Print full name
In order to provide a safe environment that allows for spiritual growth, United Methodist Church requires that every employee and any individual who desires to volunteer with any church related ministry involving persons under the age of 18 complete this application.

Full Name: __________________________________________ Date: _____________

Nickname: ___________________________ Date of birth: ____________ Gender _________

Current Address: ______________________________________________________________

City: ______________________________________ State: ________________ Zip: __________

Daytime phone: _____________ Evening phone: ______________ Cell phone: ______________

Email address: __________________________________________________________________

Current Employer: ______________________________________________________________

Occupation: ______________________________________ Hours per week: ________________

Spouse’s Name (if applicable): _____________________________________________________

List children and ages (if applicable):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Previous Addresses: Please list addresses for the past 10 years (attach sheet for additional addresses).

Address: __________________________ City: ________________ St: ____ Zip: _____

Address: __________________________ City: ________________ St: ____ Zip: _____

Address: __________________________ City: ________________ St: ____ Zip: _____

Address: __________________________ City: ________________ St: ____ Zip: _____

Address: __________________________ City: ________________ St: ____ Zip: _____

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

Name: ________________________________________________________________________

Address: _____________________________________________________________________

Daytime phone: __________________________ Evening Phone: _______________________

Relationship: __________________________________________________________________

Length of time known: __________________________________________________________________
Name: ______________________________________________________________________
Address: ______________________________________________________________________
Daytime phone: __________________________ Evening Phone: _________________________
Relationship: _____________
Length of time known: ___________________________________________________________

Name: ______________________________________________________________________
Address: ______________________________________________________________________
Daytime phone: __________________________ Evening Phone: _________________________
Relationship: _____________
Length of time known: ___________________________________________________________

Have you ever been charged, convicted of, or pled guilty to any crime, either a misdemeanor or a felony?  ____ No  ____ Yes
If yes, please explain fully: _____________________________________________________

Have you ever been exposed to an incident of child abuse or neglect?  ____ Yes  ____ No
If yes, please explain fully: _____________________________________________________

The information contained in this document is complete and accurate to the best of my knowledge. I authorize any references listed to give information they have in regard to my character and ability to work with children and/or youth.

Signature ___________________________ Date ____________

If the applicant is a minor, the minor’s parent or guardian must also sign and certify the provided information. I have read the information and agree that the information provided is true and accurate. I know of no reason why the applicant should not be allowed to work with minors.

Parent/Guardian Signature ___________________________ Date ____________

*NOTE-A Background Check Agreement Form MUST be completed and signed.*
Safe Sanctuary Policy
Procedures for Volunteer Screening

Interested volunteers should be given application packets containing the Safe Sanctuary Policy (SSP), Covenant Statement, background check form, Application form, and Spiritual Gifts Inventory. Assignments should not be determined until volunteers have completed the Safe Sanctuary policy process.

The completed paperwork should be mailed or given directly to the Church Administrator or placed in his/her mailbox by the applicant. Reasonable efforts should be made by staff members not to accept completed paperwork, especially unsealed paperwork, from potential volunteers to ensure confidentiality. Please provide an envelope for all paperwork and direct the volunteer to the Church Administrator’s mailbox.

When the Church Administrator receives a completed SSP packet, the background check form will be submitted for clearance. The Children’s and/or Youth Minister will be asked to submit a recommendation for service form. If advised by the Church Administrator that additional information is needed, the Director of Children’s or Youth Ministries, Church Administrator or his designee may contact additional references as indicated on the application or request an interview to determine placement.

Upon completion of the Safe Sanctuary Policy forms including the interview or recommendation forms, and the background check, the Church Administrator will advise the Director of Children’s and/or Youth Ministries if volunteer is approved. The Church Administrator will then provide a copy of the Spiritual Gifts inventory to the appropriate director to assist in job placement.

Response to Background check information
- If the background check information is clear, the applicant may volunteer.
- If the background check information or other documents contain information that states the applicant has been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or felony, including but not limited to crimes against minors, child molestation, crimes involving pornography, sexual or physical abuse, other crimes of violence, or theft, the applicant should not be allowed to work with minors.
- If the background check or other documents contain anything questionable that should require special consideration, reasonable efforts will be made to investigate the matter. The information shall be presented to a panel of the Senior Pastor, Chair of the Board of Trustees, Chair of the SPRC, and Church Administrator for further consideration. At that time, it will be determined if the applicant may work with minors.
- If the applicant refuses to submit a background check form or consent to release confidential information, then applicant may not be permitted to work with minors.
- Applicants will be notified if they are not approved to work with minors.
Safe Sanctuary
Volunteer Screening Checklist
This form should be in every volunteer file. Please indicate the date each item is completed.

Volunteer Full Name: __________________________________________

1. Volunteer and Employee Application _____________________________ (date)
2. Consent for background check ________________________________ (date)
3. Volunteer Covenant __________________________________________ (date)
4. Staff Recommendation or Interview form ________________________ (date)
5. Cleared background check ______________________________________ (date)
6. Reference checks (if needed) ________________________________(date)
   a. __________________________
   b. __________________________
   c. __________________________ (date)

_____ Volunteer is approved to work in Children’s and/or Youth Ministries.

_____ Volunteer is not approved to work in Children’s and/or Youth Ministries.

______________________________________________________________
Church Administrator signature Date
Safe Sanctuary
Staff Recommendation

Name of applicant: __________________________________________________________

Today’s Date: ____________________________

How long have you known the applicant?

Please describe the applicant:

Has the applicant worked in Children’s or Youth Ministries in the past? What areas, please describe?

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

How would you feel about the applicant working as a volunteer within children’s or youth ministries?

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

Do you have knowledge that the applicant has ever been convicted of a crime?

List any other comments you would like to make about the applicant?

Do you recommend applicant? _____ Yes _____ No

___________________________________________________

Staff signature  Title  Date
Safe Sanctuary
Interview Form

Name of Applicant: _____________________________________________________________

1. Why are you interested in serving in Children’s/Youth ministries?
______________________________________________________________________________

2. What strengths would you bring to this ministry?
______________________________________________________________________________

3. Do you have experience with children/youth? Please describe:
______________________________________________________________________________
______________________________________________________________________________

4. Is there a particular age child that you would like to work with?
______________________________________________________________________________

5. When I call your references what will they tell me about you?
______________________________________________________________________________
______________________________________________________________________________

6. What would you consider to be appropriate discipline in a classroom setting?
______________________________________________________________________________

7. Will you be willing to take training classes when offered?    ____Yes    ____No

8. Do you have any questions about this volunteer opportunity or anything else we have discussed?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Staff member signature       Title       Date
Safe Sanctuary
Reference Check Interview

Name of applicant _________________________________________________

Reference name: ________________________________________________

Reference phone: _______________________________________________

Staff person conducting interview _______________________________________

Date: ________________________________

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. How well do you know the applicant?

4. Please describe the applicant:

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

6. How would you feel about the applicant working as a volunteer with your child and/or youth?

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

8. Do you have knowledge that the applicant has ever been convicted of a crime?

9. Are there any other comments you would like to make about the applicant?

_________________________________________  _______________________________________
Staff member signature  Title  Date
Safe Sanctuary
Response to an Allegation or Known Incident of Child Abuse

The following steps shall be taken in the event of an allegation or known incident of child abuse.

1. The adult volunteer/employee shall immediately report to his/her supervisor any behavior that seems abusive or inappropriate.
2. The supervisor shall complete the Report of Suspected Incident of Abuse and immediately report to the Senior Pastor or Church Administrator.
3. The supervisor will report allegations of child abuse immediately to the Department of Human Resources and local law enforcement according to the Code of Alabama.
4. After reasonable cause is determined by the Senior Pastor, he/she shall contact the District Superintendent and the Chairperson of the SPRC.

Appropriate response toward the victim
1. Seek appropriate emergency care for the victim, if abuse occurs while victim is in church care.
2. Notify parent(s)/guardian(s) of the victim. If victim is in church care, take necessary precautions to assure the child’s safety until parent(s)/guardian(s) arrival.
3. Protect evidence (area/room should be secured until proper authorities can investigate).
4. A log of every action taken should be recorded, along with supporting documentation. Date, time and signature of person taking the action should be recorded in the log. An activity log and other supporting documentation should be kept in a secure and confidential file by the Senior Pastor or Church Administrator.
5. Provide pastoral care to victim and family.
6. Strive to maintain confidentially while allegation is investigated.

Appropriate response toward the accused
1. If abuse occurs while accused is still on the premises, treat the accused with dignity, but immediately remove him/her from further involvement with minors.
2. Remind accused of the Child Protection Policy and that the allegation must be investigated.
3. Provide pastoral care to accused and his/her family.
4. Strive to maintain confidentially while allegation is investigated.
Safe Sanctuary
Report of Suspected Incident of Abuse

Date ______________________

Victim’s name ________________________________________________ Age ______

Parent(s)/Guardian(s) _____________________________________________

Address __________________________________________________________

Day Phone _______________ Evening Phone _______________ Cell ______________

Person Filling Report _____________________________________________

Victim’s statement (include nature of suspected abuse, i.e. physical, sexual, emotional, neglect, as well as facts, physical signs and events surrounding the allegations)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name of accused: _________________________________________________

Relationship of accused to victim: _________________________________

Reported to pastor:    Date/Time:  ______________
Summary: __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Call to victim’s parent/guardian:    Date/Time:  ______________
Spoke with: ______________________________________________________
Summary: _______________________________________________________
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Call to DHR:
Spoke with: __________________________ Date/Time: __________________________
Summary: ________________________________________________________________
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Call to local law enforcement:
Spoke with: __________________________ Date/Time: __________________________
Summary: ________________________________________________________________
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Call to District Superintendent:
Spoke with: __________________________ Date/Time: __________________________
Summary: ________________________________________________________________
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Safe Sanctuary
Crisis Management Team

Membership:
Senior Pastor
Administrative Board Chair
Church Attorney
Lay Leader
SPRC Chair
Church Administrator

The Crisis Management Team shall:

1) Be familiar with all policies and procedures of the church.
2) Defer all media response to the D.S. in event of a crisis. Church members should never speak with the media without prior approval from the district superintendent and/or NAC Director of Communications.
3) Protect and enhance the church’s image in the community.
4) Develop a response plan for ministering to crisis victims, congregation members and other parties.
5) Develop procedures for evacuation.
Safe Sanctuary
Accident Report Form

Accident date: ___________________ Accident time: ___________________

Accident location: _______________________________________________________

List each minor injured:

Name: ___________________________________________ age: ___________
Address: ___________________________________________________________________
Phone: ___________________________________________________________________
Parent/Guardian names: ____________________________________________________

Name: ___________________________________________ age: ___________
Address: ___________________________________________________________________
Phone: ___________________________________________________________________
Parent/Guardian names: ____________________________________________________

Name: ___________________________________________ age: ___________
Address: ___________________________________________________________________
Phone: ___________________________________________________________________
Parent/Guardian names: ____________________________________________________

Describe the accident:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

List names and phone numbers of witnesses:

Name: ___________________________________________ phone: ___________________
Name: ___________________________________________ phone: ___________________
Name: ___________________________________________ phone: ___________________

Reporter's signature ____________________________ date ___________________________