



**Davisburg
United Methodist Church
-SAFE SANCTUARY-**

**Policy for the Protection of Children,
Youth, and Vulnerable Adults**



**Davisburg United Methodist Church
SAFE SANCTUARY**

Policy for the Protection of Children, Youth, and Vulnerable Adults

Policy to be reviewed Annually

Administrative Council

Administrative Council Chairperson

Lay Leader

Lay Member To Annual Conference

Treasurer

Financial Chairperson

Trustee Chairperson

Representative of UMM

Representative of UM Youth

Staff Parish Relation Committee Chairperson

Pastor

Adopted Date: ____ / ____ / ____

Revised: ____ / ____ / ____

Revised: ____ / ____ / ____

Revised: ____ / ____ / ____

Revised: ____ / ____ / ____

Revised: ____ / ____ / ____

Revised: ____ / ____ / ____

Davisburg United Methodist Church

SAFE SANCTUARY

Policy for the Protection of Children, Youth, and Vulnerable Adults

Statement Of Purpose:

Davisburg United Methodist Church is concerned about protecting children, youth, and vulnerable adults. Our first concern is that we do all we can to ensure the welfare of minors and vulnerable adults whom we seek to nurture in the Christian faith. We also seek to protect volunteers from false accusations. Therefore, we have established the following policies, procedures and safeguards to help protect children from abuse in the church and to protect the volunteers from false allegations of abuse.

We ask all potential volunteers to embrace this process and policy. In the spirit of the One who invited children to come to Him, we ask for your understanding and your help in protecting them.

Four Primary Elements of the Policy

1. Worker screening and selection
2. Supervising church workers
3. Nursery Security Procedures
4. Reporting and Responding to Allegations of Abuse

Note: This policy does not apply to our clergy staff, as they are held accountable to the policy of the Book of Discipline and of the Detroit Annual Conference. Reporting of clergy misconduct should be to the Senior Pastor and/or the District Superintendent.

I. Worker Screening And Selection

A. Screening forms

1. Category A: *Application Form for Workers With Children and Youth*
All workers having significant contact with minors will complete this form. Some examples, but not limited to: United Methodist Youth Fellowship adult volunteers, choir directors, Sunday School teachers and helpers, Bible School staff, Confirmation teachers and sponsors, Coordinator of Children & Youth Ministry, Ministers, and supervisors of overnight activities.
2. Category B: *Application Form for Workers With Children and Youth*
Volunteers who serve only a few hours each year with limited responsibilities and in supervised settings do not need to schedule an interview. Short-term workers include, but are not limited to: kitchen helpers, occasional nursery helpers, Vacation Bible School helpers.

B. Care of Documents

1. All forms filled out by volunteers and employees working for Davisburg United Methodist Church will only be reviewed by the Coordinator of Children & Youth Ministry, Pastor and the Staff Parish Relations chair.
2. All information will be treated in a confidential manner. Except in the case of a response to a report of suspicious activity, only Coordinator of Children & Youth Ministry, Pastor and the Staff Parish Relations Committee shall have access to the information on these documents. In the case of a report of suspicious activity, the Response Team (see section IV, B, a) and appropriate legal and Church authorities will have access to the information.

C. Interview

Each applicant in Category A will be interviewed by the staff person responsible for that area of ministry (or his or her designate). If the applicant prefers, confidential information can be discussed only with clergy as noted on the application.

D. Six month rule

All those having significant contact with minors, that is – those in Category A, must have been active in the church for at least six months. Those who have been active in the church for less than six months may serve as additional helpers for a specific event when under the supervision of an authorized teacher, counselor or staff member and if they have a child participating in the event.

E. Volunteers with criminal abuse violations

Those persons who have been convicted of or pled guilty to either child sexual or physical abuse are automatically excluded from working with minors in the church.

F. Signed agreement to follow the policy required

Volunteers are required to read the policy in its entirety and sign an agreement to abide by its provisions.

G. Review Process

The entire screening process must be repeated within seven years.

II. Worker Supervision

A. Definitions

1. "Abuse" means any sexual contact or interaction (e.g., indecent exposure and liberties, communication for immoral purposes, fondling, rape, etc.), or physically abusive, immoral, illegal or unethical contact between a church worker (volunteer or paid) and children, youth, or vulnerable adults. Force, threats, or misrepresenting right and wrong are ways abuse may be perpetrated. Even if a child / youth /vulnerable adult does not resist, it is still abuse.
2. "Minor" means a person under the age of 18 ... "Adult" means a person 18 years of age or older.
3. "Supervisor" shall mean any person responsible for care of minors at a church sponsored activity.
4. "Church Sponsored Activity" shall mean any undertaking where a church staff member or volunteer would reasonably be regarded as acting in her/his capacity as a church representative (as opposed to a strictly social situation).

B. Two Supervisors

1. At least two supervisors shall be five or more years older than the oldest minor supervised.
2. Whenever possible, at least two supervisors shall be adults. There must be at least one adult supervisor at all times.
3. Whenever possible, there shall be at least two supervisors in direct supervision of minors. However, one supervisor may be a "roving monitor" who will intermittently check in with any group having only one direct supervisor.

C. Youth Volunteers

1. Minors volunteering as a helper to two adults must be in at least seventh grade.
2. Minors acting as one of only two supervisors must be in at least the eighth grade and must have signed consent from their parent or legal guardian.
3. Minors volunteering in the Nursery must be in at least eighth grade. Minors are not permitted to change diapers.

D. Minors may have only one supervisor in the following circumstances:

1. With the written consent of the minor's parent or legal guardian
2. When transporting minors to or from a church sponsored activity in a private car, provided that there are at least two minors present at all times
3. When assisting a pre-school child to the bathroom, in which case the bathroom door shall be left ajar. Older children should use the buddy system instead of a supervisor when going to and from the bathroom.

E. Windows

All rooms where church-sponsored activities involving minors take place shall have windows (or have the door open).

III. Nursery And Two-Year Room Security Procedures

A. Check In Procedure

1. Child's name and assigned number must be written on the sign-in sheet, along with any special instructions.
2. Parent will be given a tag, which will match the number written on the sign-in sheet.
3. All diaper bags, bottles, diapers, etc. should be labeled with the child's name.
4. Checking in Visitors
 - a. Visitor Information card should be filled out and left on the counter with the sign-in sheet.
 - b. The visitor should be informed of the Nursery Security Procedures, especially that the child will not be released without the numbered pager / tag.

B. Child Pick Up Procedure

1. To take a child out of the Nursery or Two Year Room, the person must turn in the appropriate numbered tag.
2. If a parent/guardian says he/she has lost the numbered tag, the following procedure should be used:
 - a. The parent/guardian must wait until ALL other children have been picked up.
 - b. The parent/guardian should show his/her driver's license (picture required).
 - c. If the parent/guardian cannot show a pictured driver's license, the Coordinator of Children & Youth Ministry or a pastor should be consulted to resolve the problem.
 - d. A note must then be left for the Nursery Director that the numbered tag has been lost.

IV. Reporting And Responding To Suspected Abuse

A. Reporting Suspected Abuse

1. A volunteer or paid worker should immediately confront any inappropriate conduct or relationships between a supervisor and a minor. See definition of abuse.
2. Anyone suspecting abuse or inappropriate behavior should notify one of the pastors on staff or the staff person for children or youth ministries.
3. The paid worker or the person to whom the volunteer worker reported shall initiate appropriate investigative and corrective actions.
4. The staff person notified shall terminate the supervisor's services for continued violation of warnings about inappropriate behavior, or for a single violation of sufficient gravity.
5. That person shall then notify the Pastor for further action.
6. The Pastor will report the allegation to the proper civil authorities.

B. Responding to Allegations of Abuse

1. Response Team
 - a. A Response Team will be formed, consisting of the Pastor (or his/her designated representative), two members of the Administrative Board, the chair of the Staff Parish Relations Committee, and a mental health professional, if available.
 - b. Response Team will take any further actions required. The Response Team will follow the advice of legal counsel and of the Bishop (or the Bishop's designated representative).
 - c. The Pastor will be the spokesperson for the Response Team.
 - d. The Pastor will be the only person communicating to the press, the congregation and the authorities concerning any allegations. The Policy for Protection of Children, Youth, and Vulnerable Adults of Davisburg United Methodist Church will be reflected in public statements.
2. Situations will not be prejudged, but all allegations will be taken seriously.
3. All action taken to respond to the incident will be documented.
4. Parents of the alleged victim will be notified.
5. Those accused will be temporarily relieved of duties until the investigation is finished. Paid staff will be given a paid leave until the allegations are cleared or substantiated. The accused will be treated with dignity and support and counseling facilitated for the accused.
6. Counseling and support to the victim and victim's family will be offered and facilitated.
7. The privacy and confidentiality of all involved will be protected.

Today's Date: _____

APPLICATION FORM FOR WORKERS WITH CHILDREN, YOUTH AND VULNERABLE PERSONS

Davisburg United Methodist Church is committed to providing a safe and secure environment for children, youth and vulnerable persons. This application is to be completed by all persons intending to work with children, youth and vulnerable persons.

NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME and ANY OTHER NAME YOU'VE USED

BIRTHDATE

DRIVER'S LICENSE NUMBER

STREET ADDRESS

HOME PHONE

CITY

STATE

ZIP

WORK PHONE

Church History and Prior Work with Children or Youth

1. Name of church of which you are a member: _____

2. How long have you been a member / active participant in this church? _____

List name and address of other churches you have attended regularly during the past five years:

3. List all previous church work involving children or youth:

Type of Work / Age-Level	Dates of Service	Name of Church
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

4. List all previous non-church work involving children or youth:

Type of Work / Age-Level	Dates of Service	Name & Address of Organization
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

5. List any special gifts, talents or training that you bring to children's or youth work: _____

6. List cities and states of residence during the past 7 years:

List 2 References (not former employers or relatives)

Name _____
 Street _____
 City _____
 State _____ Zip _____
 Telephone (____) _____

Name _____
 Street _____
 City _____
 State _____ Zip _____
 Telephone (____) _____

CONFIDENTIAL

BACKGROUND INFORMATION:

If you prefer, you may answer questions 1-5 in confidence by setting up an appointment with one of our clergy.

Answering yes to the following questions below will not automatically disqualify you from working with children, youth and vulnerable persons, however you will need to schedule an appointment with a member of our clergy or education staff or lay professional to discuss how you are working at resolving issues regarding this incident and to offer any desired assistance.

Exception: please see the policy section I E.

	YES	NO	PREFER TO DISCUSS WITH CLERGY
1. Have you ever had an addiction to drugs, alcohol or pornography, or has anyone ever suggested that you may have a problem in those areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of, or pled guilty or no contest to, a crime involving children or youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of, or pled guilty or no contest to, a felony?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been denied working with children or had such privilege revoked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you a victim of abuse or molestation as a minor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For potential drivers:

Have you ever had your driver's license suspended or revoked?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If so, when and why? _____

APPLICANT'S STATEMENT - My signature below indicates that:

- a) The information contained in this application is correct to the best of my knowledge.
- b) I authorize any references or churches listed in this application to give any information, including opinions, that they may have regarding my character and fitness for church, children and/or youth work.
- c) I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice, and I waive any right to inspect any information provided about me by any person or organization identified by me in this application.
- d) I do hereby give consent for Davisburg United Methodist Church of Davisburg to obtain copies of my driving and criminal records from the appropriate law enforcement agencies.
- e) I further state that I have carefully read the above statements and the Policy Statement for the Protection of Children, Youth and Vulnerable Adults. I know the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understood.
- f) I agree to follow the Policy for the Protection of Children, Youth and Vulnerable Adults and to refrain from immoral, illegal or unethical conduct in the performance of my services on behalf of the church.

APPLICANT'S SIGNATURE _____ DATE _____

If under 18, SIGNATURE OF PARENT OR GUARDIAN indicates consent for minor to assist/teach in a class and for minor to have only one adult supervisor in that role.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Davisburg United Methodist Church Interview Record

Applicant: _____ Date _____ / _____ / _____

Interviewed by: _____ Date _____ / _____ / _____

1. What was it that interested you in volunteering with children/youth at the church? _____

2. What experiences have you had with children or youth? _____

3. What was your church experience growing up? _____

4. Tell me about other things you are involved in such as work, hobbies, sports or volunteer activities: _____

5. What do you consider your strengths for working with children/youth? _____

What do you consider your weaknesses? _____

(Interviewer comments) Strengths/weaknesses for working with youth/children: _____

6. Confidential Information from "Page 2" of Interview Record:
If any responses are yes, discuss those, particularly how they are dealing with it & how it affects them today. Are there any other issues or concerns we should be aware of?

Detroit Conference Waiver & Medical Authorization Form

Participant

Last Name _____ First _____ Male _____ Female _____
Street Address _____
City _____ State _____ Zip _____
Phone Number (_____) _____ E-mail _____

Event Name – please list the name of the Davisburg UMC event below.

Transportation

I authorize my child, youth or the vulnerable person I am responsible for, to be transported to and from an event, program or activity of the Detroit Conference, its Districts or Agencies by those that are approved drivers from the local church (list church name) _____

I understand that there may be only one adult in this vehicle and that the church (listed above) may or may not have a certified caregiver or certified driver of the Conference, its Districts or Agencies.

Parent or Guardian _____ Date ____ / ____ / ____

Photo Release

I give permission for photographs, video images and/or audio recordings to be used for publicity of United Methodist Ministries.

Signature of Parent or Guardian _____ Date ____ / ____ / ____

Medical Information

Medical Information: Name of Insurance Carrier _____

Insurance Group Number _____ Policy Number _____

Does participant have any food allergies, physical, mental, or medical issues that staff paid or volunteers should be made aware of? Yes or No (please circle)

If yes, please explain _____

(please use back of this form for additional information)

If prescribed medications will accompany your child they must remain in a prescription bottle with clear directions for administration in a sealed zip lock bag.

I understand that safety precautions will be taken by the Church and its agents during this event. However, I understand that the possibility of injuries, unforeseen hazards and inherent risks exists. I agree not to hold the Church, its employees, members and volunteers liable for and I release them from any damages, losses, diseases, or injuries incurred by the participant.

Emergency Health Care

I authorize any emergency health care or treatment for my child, youth or vulnerable person that is deemed necessary by the transporter (driver) or certified care giver at an event, programs or activity sponsored by the Detroit Conference, its Districts, or one of its Agencies. A prompt call will be made to the emergency contact numbers provided below.

Emergency Contact Numbers(_____) or(_____)

Parent/Guardian Last Name _____ First _____ to Participant _____

Signature of Parent or Guardian _____ Date ____ / ____ / ____

Davisburg United Methodist Church Policy On Social Networking and Blogging

FOR EMPLOYEES

In General, Davisburg United Methodist Church views social networking sites (for example MySpace, Facebook, etc.), personal websites, and Weblogs positively and respects the right of employees to use them as a medium of self-expression. If an employee chooses to identify himself or herself as an employee of Davisburg United Methodist Church on such Internet venues, some readers of such websites or blogs may view the employee as a representative or spokesperson of the Davisburg United Methodist Church. In light of that possibility, Davisburg United Methodist Church requires, as a condition of employment at the Church, that each employee observe the following guidelines when referring to the Church, its programs or activities, its congregation members, its volunteer leaders and/or other employees, in a blog or on a website.

1. Employees must be respectful in all communications and blogs related to or referencing Davisburg United Methodist Church, its congregation members, event participants, and/or other employees and volunteers.
2. Employees must not use obscenities, profanity, or vulgar language.
3. Employees must not use blogs or personal websites to disparage the Church, Congregation Members, or other employees of the Church.
4. Employees must not use blogs or personal websites to harass, bully, or intimidate other employees, congregation members, event participants and/or volunteers. Behaviors that constitute harassment or bullying include, but are not limited to, comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another employee, congregation member, event participant and/or volunteer.
5. Employees must not use blogs or personal websites to discuss engaging in conduct that is prohibited by Church Guidelines/Policies, including but not limited to, the use of drugs and alcohol, sexual behavior, sexual harassment, and bullying.
6. Employees must not post pictures of congregation members, event participants, and/or other employees and volunteers on a website without obtaining written permission.

Any employee found to be in violation of any portion of this Social Networking and Blogging Policy will be subject to immediate disciplinary action, up to and including discharge.

Davisburg United Methodist Church Policy On Social Networking and Blogging

FOR VOLUNTEER LEADERS AND EVENT PARTICIPANTS

In general, Davisburg United Methodist Church views social networking sites (e.g. Facebook), personal websites, and Weblogs positively and respects the right of volunteer leaders and event participants to use them as a medium of self-expression. If a person chooses to identify himself or herself as an event participant or volunteer leader at our Church on such Internet venues, some readers of such websites or blogs may view the event participant or volunteer leader as a representative or spokesperson of the Davisburg United Methodist Church. In light of this possibility, our Church requires, as a condition of participation in any event at our Church, that event participants and volunteer leaders observe the following guidelines when referring to the Church, its programs or event/activities, its event participants and/or employees and volunteers, in blog or on a website.

1. Volunteer leaders and event participants must be respectful in all communications and blogs related to or referencing Davisburg United Methodist Church, its employees, other volunteers, and other event participants.
2. Volunteer leaders and event participants must not use obscenities, profanity, or vulgar language.
3. Volunteer leaders and event participants must not use blogs or personal websites to disparage the Church, its employees, other volunteers, or other event participants.
4. Volunteer leaders and event participants must not use blogs or personal websites to harass, bully, or intimidate other employees, congregation members, event participants and/or volunteers. Behaviors that constitute harassment or bullying include, but are not limited to, comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another employee, congregation member, event participant and/or volunteer.
5. Volunteer leaders and event participants must not use blogs or personal websites to discuss engaging in conduct that is prohibited by Church Guidelines/Policies, including but not limited to, the use of drugs and alcohol, sexual behavior, sexual harassment, and bullying.

Any employee found to be in violation of any portion of this Social Networking and Blogging Policy will be subject to immediate disciplinary action, up to and including dismissal.

Davisburg United Methodist Church

Media Response Policy

IF YOU ARE CONTACTED BY THE MEDIA:

Please share this information with anyone that answers a telephone or welcomes visitors on behalf of Davisburg United Methodist Church.

We are sharing this with you, because the media often do not make distinctions between offices, conference and conference leaders. It is best that we direct all calls to the people that can be the most helpful to the media.

1. Please refer all inquiries to the Episcopal Office 517-347-4030.
2. Let Bill Dobbs know immediately by text or phone who has contacted you.
3. Do not provide any telephone numbers or contact information OTHER than the Episcopal Office. Inquiries will be directed to the appropriate people.
4. If you are asked questions,
 - a. Please do not:
 - i. Be hostile.
 - ii. Speculate.
 - iii. Offer personal opinions.
 - iv. Repeat anything you have heard.
 - v. Speak “off the record.”
 - vi. Discuss anything you know, even with people you know.
 - b. Please do:
 - i. Be polite.
 - ii. Be helpful, with the limits set above.
 - iii. Be firm.
5. As United Methodists, internally we know the difference between our many different roles within the church. The media cannot. Anyone can attach the title, “an unidentified UMC Spokesperson” to anyone they talk to.

Recommended Response to an inquiry:

“Let me put you in touch with someone who can best help you. I am going to give you the telephone number for our Director of Communications, Mark Doyal. He can be reached at 517-347-4030.”

If the caller/person persists, just say, “I am sorry, that is all the information I have available. Give Mark a call and he can assist you.” Then please let Bill Dobbs know immediately about the call/inquiry.

Davisburg United Methodist Church
Reference Check Form

Applicant Name: _____

Reference Name: _____

Reference Address: _____

Street City

State Zip Code Phone Number

- 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. How would you describe the applicant?
- 5. How would you describe the applicant’s ability to relate to children and/or youth?
- 6. How would you describe the applicant’s ability to relate to adults?
- 7. How would you describe the applicant’s leadership abilities?
- 8. How would you feel about having the applicant as a volunteer worker with your child and/or youth?
- 9. 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.
- 10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
- 11. Please list any other comments you would like to make:
- 12. Please list contact information for one additional person from whom we can obtain a reference for this applicant.

Reference inquiry completed by: _____
Signature

/ /
Date

Davisburg United Methodist Church Incident Report

Name of Person Involved: _____

Please Print

Reported by: _____

Please Print

____ / ____ / ____

Date of incident

____ / ____ / ____

Date of report

Person completing this report: _____

Please Print and Sign above on the line

Description of Incident:

Any Follow Up:

Other witnesses: (Please Print) _____

Davisburg United Methodist Church

Accident Report

(Please use ink and print all information)

Date of Accident: _____ / _____ / _____ Time of Accident: _____

Name of Child/Youth Injured: _____ Age: _____

Address of Child/Youth: _____
Street City

State Zip Code Phone Number

Location of Accident: _____

Parent or Guardian: _____

Name of Person(s) Who Witnessed The Accident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe Accident:

_____ / _____ / _____

Signature of Accident Reporter Date

Davisburg United Methodist Church

Authorization – Personal Information

(Please use ink and print clearly)

Name of Applicant

The information contained in this Volunteer Application is correct to the best of my knowledge. I understand this information may be checked by contacting anyone or any organization listed or that may have information about me. I authorize any one contacted to give you any information, including opinions, regarding my character and fitness for work with children, youth and vulnerable persons. I authorize the release of the information in this document to any ministry in the Church. I release the Church, its employees, members and volunteers, and any reference or other person or organization that provides information about me from all liability for any damages which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization and my evaluation. I waive my right that I may have to inspect any information provided about me by any persons or organizations identified by me in this document,

I agree to be bound to the Policies of the Church, and to refrain from unscriptural, immoral, illegal or unethical conduct in the performance of my work on behalf of the Church.

I agree to participate in training and education events provided by the Church related to my areas of work. I will immediately report inappropriate behavior, suspicious activity, observed abuse or allegations of abuse, to the event director.

I have carefully read this authorization. I understand its contents and I am signing of my own free will.

_____/_____/_____
Signature of Applicant Date Witness

Authorization – Criminal Records Check

(Please use ink and print clearly)

I, _____, hereby authorize Davisburg United Methodist Church and its agencies to request the State of Michigan or other agency to release information regarding any records or convictions contained in its files, or 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 all local, state and national law enforcement agencies, from all liabilities that may result from any such disclosure made in response to this request.

Signature of Applicant: _____

Print Applicant’s Full Name: _____

Print all other names that have been used by applicant (if any):

Date of Birth: _____ / _____ / _____ Place of Birth: _____

List each address at which you have resided for the last 15 years with dates:

Street/City/State/Zip Code Dates

Street/City/State/Zip Code Dates

Street/City/State/Zip Code Dates

Davisburg United Methodist Church

Safe Sanctuaries Participation Covenant Statement

The congregation of Davisburg United Methodist Church is committed to providing a safe and secure environment for all children, youth, vulnerable persons, 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 which all people can experience the love of God through relationships with others.

1. 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.
2. All adult volunteers involved with children or youth of our church must have been members of the congregation for at least six (6) months before beginning a volunteer assignment.
3. 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.
4. Adult volunteers with children and youth shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
5. Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer the following questions:

1. 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
2. As a volunteer in this congregation, do you agree to observe the "Two Adult Rule" at all times? Yes No
3. As a volunteer in this congregation, do you agree to abide by the "Six (6) Month Rule" before beginning a volunteer assignment? Yes No
4. 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
5. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor(s)? Yes No
6. As a volunteer in this congregation, do you agree to inform a minister of this church if you have ever been convicted of child abuse? Yes No

I have read this **SAFE SANTUARIES PARTICIPATION COVENANT STATEMENT**, and I agree to observe and abide by the policies set forth above.

Signature of Applicant

_____/_____/_____
Date

Print Full Name

Davisburg United Methodist Church
Covenant and Limited Access Agreement – Page 1 of 3
Registered Adult Sex Offenders in the Life of the Congregation

This congregation, Davisburg United Methodist Church, affirms the dignity and worth of all persons. We are committed to being a religious community open to those who choose to worship with us, especially in times of serious personal troubles. However, based on your background, we have concerns about your contact with children, youth, and vulnerable adults in our congregation. The following guidelines are designed to reduce the risk of individuals being harmed and of you being accused of an incident. We welcome you to our congregation and our membership but your participation will be limited to ensure the safety of our children and to assure that you will not be subject to future unwarranted accusations.

Within these guidelines, the congregation welcomes your participation in adult worship services, coffee hour, adult Sunday school, and adult social events. You are to avoid all contact with children on congregation property or congregation sponsored events. Any exceptions regarding your own children will be considered on a case-by-case basis.

The Abuse Prevention Team and the pastor will assign two covenant partners to you.

The following guidelines will be followed without exception.

- Do not talk with adults with special needs, children and youth.
- Do not volunteer or agree to lead, chaperone or participate in events for adults with special needs, children and youth including such things as Sunday School classes, V.B.S., adults with special needs events, youth group events, or children events, driving or otherwise transporting children or youth.
- If an adult with special needs, child or youth in the congregation approaches you, either at church or in a community place, politely and immediately excuse yourself from the situation.
 - Avoid being in the building unsupervised when activities involving adults with special needs, children and youth are in session such as nursery school, children's church or youth group.
- If you are on parole/probation, you must adhere to any and all conditions of your parole/probation. The church may also contact your parole/probation officer to check the status of your adherence to parole/probation conditions. The church also strongly suggests that you seek counseling services if such services can be affordably obtained.
- You will not accept any leadership position within the church or representational position within or on behalf of this church.
- Church leadership will identify two "covenant partners" for you. They will be adults of the same gender as yours. They will not be related to you. If you need to go to the bathroom while services are in session at least one of these partners must go with you.
- If possible, you are to use bathroom facilities that can hold only one person at a time. If this is not possible, one of your covenant partners must accompany you every time you have to use the bathroom. This will be your responsibility.
- You are not allowed to be in any non-lit area of the church property.
 - At no time shall you deliberately place yourself in or remain in any location in or around the church facilities that would cause undue distress to others. (This prohibits you from being in or near nursery, preschool, elementary, junior high or high school area of the church facilities.)
- You cannot attend any night services unless authorized by Abuse Prevention Team designee in consultation with the pastor.
- You will also not be allowed under any circumstances to have access to the church computer.
- At least twice a year you shall meet with Abuse Prevention Team designee, covenant partners and the pastor and as otherwise requested regarding the status of your adherence to these guidelines.
 - If you should decide to relocate to another congregation, the Abuse Prevention Team designee and the pastor will seek to inform the leadership of that congregation of the condition of these guidelines.
- You may participate in worship in the sanctuary, and the adult Sunday school class of your choice. You will use the most direct route from the parking lot to the main entrance to these facilities, not passing through any other parts of the church buildings. Any other participation or access will require prior authorization and accompaniment by one of your covenant partners.
- At church sponsored functions for families, you may attend with, will at no time leave the immediate proximity of, your family or one of your covenant partners.

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Registered Adult Sex Offenders in the Life of the Congregation

- Before the covenant is finalized, it will be reviewed by the church's legal counsel to be sure that it does not put the church at legal risk.
- The offender will secure the initials of his or her parole or probation officer on this document for the church file.

Activity Checklist:

You understand that you will not be allowed to volunteer or chaperone events for adults with special needs, children and youth, including children's Christian education classes, talks with adults with special needs/children/youth, youth group, children's and youth activities during intergenerational events, and driving adults with special needs, children and youth.

The following activities checked “Yes” are activities we feel are appropriate for your participation:

	No	Yes		No	Yes
Worship services			With Covenant partner		
Coffee Hour			With Covenant partner		
Adult meetings with adults with special needs, children and/or youth in building, such as choir, Sunday School			With Covenant partner		
Intergenerational church activities			With Covenant partner		
Intergenerational group outings such as ice skating, baseball games, etc.			With Covenant partner		
Alone in building with pastor or other staff			With Covenant partner		
Social activities in other member’s homes with children present			With Covenant partner		
Other Activity:			With Covenant partner		
Date: ____ / ____ / ____.					
Other Activity:			With Covenant partner		
Date: ____ / ____ / ____.					
Other Activity:			With Covenant partner		
Date: ____ / ____ / ____.					
Other Activity:			With Covenant partner		
Date: ____ / ____ / ____.					

The offender will carry a signed copy of this Covenant and Limited Access Agreement while attending any church or church sponsored activity.

This agreement will be reviewed annually.

Signatures on next page must be attached.

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I accept the following people who will be told of my circumstances and the contents of this contract to be my Covenant Persons.

First Covenant Partner Printed Name

First Covenant Partner Signature

_____/_____/_____
Date

Second Covenant Partner Printed Name

Second Covenant Partner Signature

_____/_____/_____
Date

I have reviewed this covenant and agree to abide by its provisions. I understand and agree that if I violate this agreement, I will be denied access to future conference functions and church property. I understand a violation of the Covenant and Limited Access Agreement will result in denied access to future conference functions and the property.

Attendee (Offender) Printed Name

Attendee (Offender) Signature

_____/_____/_____
Date

Event Director/Pastor Printed Name

Event Director/Pastor Signature

_____/_____/_____
Date

Abuse Prevention Team designee Printed Name

Abuse Prevention Team designee Witness Signature

_____/_____/_____
Date

Parole Officer Printed Name

Parole Officer Signature

_____/_____/_____
Date