

# CHILD ABUSE PREVENTION POLICY

## 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” states that “...children must be protected from economic, physical and sexual exploitation, and abuse.”

Tragically, churches have not always been safe places for children. The problem cuts across all economic, cultural, and racial lines. It is real, and it appears to be increasing. Most annual conferences can site specific incidents of child sexual abuse and exploitation in their churches.

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”—1966, copyright 1996 by The United Methodist Publishing House. Used by permission. [pp. 384-386.]

Thus, in covenant with all United Methodist congregations, we adopt this policy for the prevention of child abuse in our church.

## Purpose

Our congregation’s purpose for establishing this Child Abuse Prevention Policy and the accompanying procedures is to ensure the physical safety and spiritual growth of all our children and youth.

## Statement of Covenant

Therefore, as a Christian community of faith and a United Methodist congregation, we pledge to conduct the ministry of the gospel in ways that assure the safety and spiritual growth of all our children and youth, as well as all of those who work with children and youth. We will follow reasonable safety measures and 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 and youth regarding the use of all 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 concerning any incidents that may occur.

### **Conclusion**

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

**Mt. Pisgah United Methodist Church**  
**2600 Pisgah Church Road**  
**Greensboro, North Carolina 27455**

**Safe Sanctuary Procedures**

- I. A copy of “Safe Sanctuaries for Children and Youth” is to be placed in the Church Office in order to be available to all interested parties. We will educate all childcare and youth workers that if they suspect any abuse, they are to report it to:
- A. If a child (as defined below) is believed to be involved:
1. Director of Children’s Ministries – who passes it on to the Senior Pastor and/or Chair of Staff-Parish Relations Committee;
  2. Senior Pastor; and/or
  3. Chair of the Staff-Parish Relations Committee.
- B. If a youth (as defined below) is believed to be involved:
1. Director of Youth Ministries - who passes it on to the Senior Pastor and/or Chair of Staff-Parish Relations Committee;
  2. Senior Pastor; and/or
  3. Chair of the Staff-Parish Relations Committee.
- C. If a staff person is suspected of abuse, report is to be made to Senior Pastor and/or Chair of Staff-Parish Relations Committee.
- D. Social Services must be notified (as appropriate) by the staff member designated using the procedure outlined in “Safe Sanctuaries for Children and Youth.” The process begins by filling out “Report of Suspected Incident of Child Abuse,” as found in “What Is Abuse and How Can We Recognize It?”
- II. **PROTECTING OUR CHILDREN, YOUTH, ADULTS AND STAFF**  
 Definition: Children: Birth – Fifth Grade; Youth: Sixth Grade – High School
- A. **Hiring of any paid staff – part-time or full-time**
1. All persons who are seeking employment at Mt. Pisgah United Methodist Church must:
    - a) Meet requirements and agree to Mt. Pisgah United Methodist Church policy “**Childcare Worker Position Description.**”
    - b) Fill out form “**Employee Application**”.
    - c) Have a **criminal records check** at the Church’s expense through agencies and/or organizations, as specified by the Chair of Staff-

Parish. This check will be renewed every 4 years or earlier as determined in the sole discretion of the Church.,

- d) **Provide 3 references which will be called by a designated staff person.**
2. Forms (b, c, d) for each employee are to be kept in the person's personnel file in a secure place.
  3. Forms (b and c) are to be filled out for all current staff within 30 days of approval of this policy.
  4. All of these forms become the property of Mt. Pisgah United Methodist Church and are to be maintained as long as needed.

**B. Current volunteers and recruiting of volunteers who work with children and youth.** A copy of our "**Safe Sanctuary Policy**" is to be given by our Building Supervisor to the leader of each outside group who meets in our church. It will be the expectation that each outside group be covered by their own insurance policy and follow Mount Pisgah Church's Safe Sanctuary Policy in addition to being under the guidance and control of their charter organization. (Mt. Pisgah United Methodist Church's Weekday Ministries has their own procedure for Safe Sanctuary)

1. All current and future staff and volunteers working with children or youth (birth to age 18) are to:
  - a) Meet requirements and agree to Mt. Pisgah United Methodist Church's policy "**Childcare Volunteer Position Description**".
  - b) Agree to and sign "**Participation Covenant Statement**".
  - c) Fill out form "**Volunteer Application**".
  - d) Have a **criminal records check** through agencies and/or organizations, as specified by the Chair of Staff-Parish at church's expense. This check will be renewed ever 4 years or earlier as determined in the sole discretion of the Church.
  - e) These four forms are to be kept in a secure place. All of these forms become the property of Mt. Pisgah United Methodist Church and are to be maintained as long as needed. The criminal record check will include the State of North Carolina. Persons living in North Carolina less than one year are also to be checked in the state moved from or a nationwide check or as otherwise determined in the discretion of the Church.

**C. Anyone who volunteers to drive any motor vehicle** transporting any child or youth of Mt. Pisgah United Methodist Church must have a driver's license check through the North Carolina Department of Motor Vehicles. This applies for church-owned **or privately owned vehicles**. This driver's license check through the North Carolina Department of Motor Vehicles is to be at the church's

expense. The returned report is to be kept in a secure place. Persons approved to drive for the Church or Church event are required to immediately notify the Senior Pastor if they are charged or convicted of a DWI or any other moving violation. This driver's license check will be renewed every 4-7 years or earlier as determined in the sole discretion of the Church.

- D. **Any time an accident occurs while a person** is participating in a Mt. Pisgah United Methodist Church activity, an "Accident Report Form" is to be filled out immediately but no later than 24 hours after the accident and filed with Building Supervisor.. The church insurance company is to be immediately informed and necessary steps are to be followed to meet the requirements of the insurance company. (An accident is when anyone is injured in any physical way that results in any medical treatment or property damage occurs. If a vehicle is involved in an accident resulting in any property damage, the police report (if one exists) is to be filed with the Building Supervisor.)
  - E. All staff are to counsel in offices or rooms which have a peephole or transparent glass within the door with counselor or counselee in view of people walking past that doorway. If the office or room does not have a door with a transparent window, the door to the office must be ajar or open.
  - F. The Senior Pastor is to be or is to designate someone to be the official Church spokesperson to respond to any media inquiries.
- III Our "Safe Sanctuary" policy is to be on file in the church office. Copies are to be provided to any party who requests one. **The guidelines are to be posted at various locations around the church.**

#### IV. MT. PISGAH UNITED METHODIST CHURCH SAFE SANCTUARIES CHILD AND YOUTH PROTECTION PLAN

In order for us to continue to enjoy and provide a safe and secure environment for the children, youth and caregivers of our Church, MPUMC follows the following “Child and Youth Protection Plan”, otherwise known as “Safe Sanctuaries.”

Please, read the guidelines and complete the “Volunteer Application,” enclosed, if you are currently working with our children or youth or anticipate working with them within the next six months. A person wishing to volunteer to work with our children and youth must be active in MPUMC at least one month prior to filling out a “Volunteer Application” form.

Persons are asked to complete the “Volunteer Application” form if they assist in any event where children or youth are a significant focus of the activity or ministry. The only exception will be in case of emergency as mentioned in guidelines 3 and 6.

Events or trips offered by MPUMC for its children and youth will be announced through appropriate church outlets. A signed permission form must be submitted to the appropriate staff person for each child participating in a church trip.

##### A. Child Supervision Procedures

1. Fifth Graders and younger must be with a parent, teacher, or other authorized adult at all times. This includes worship times.
2. Sixth Graders and older can be released without a parent.
3. For *Wednesday Night Fellowship* and all other non-worship activities, **all children Fifth Grade and under should remain with their parents in the same room except when in class or choir. Parents are free to see and/or interact with their children at all times.**
4. Sunday School classes whose members have children in Sunday School are encouraged to meet from 9:45-10:40am so children can be picked up on time.

## V. GUIDELINES

**[These guidelines summarize our policy in such a way that they may be posted at various locations in our church.]**

**Guideline 1:** All prospective workers, whether paid or volunteer, who work with our children and/or our youth in any area of ministry shall undergo an appropriate criminal background check. All prospective and current staff shall have 3 reference submitted and checked. Note: Any and all information gathered by the Church will be kept confidential with restricted access. All references supplied for staff will be checked and documented. Pastors and/or the Program Directors will (to the extent practical) maintain the confidentiality of reference information received.

**Guideline 2:** All volunteer and paid workers will receive information or attend training sessions regarding the care of and safety measures for working with our children and youth which may include First Aid or CPR.

**Guideline 3:** When possible, substitutes who work with children and youth must be on an approved list as maintained by the Program Directors and the Manager of Facilities. When it becomes necessary to use someone who has not had a criminal records check; that person is not to be left alone with a child.

**Guideline 4:** Any person who has been convicted of any crime involving a child or youth will not be permitted to work with children or youth.

**Guideline 5:** The pastors and/or Program Directors may interview as necessary to determine information relevant to the background of an applicant for volunteering or employment.

**Guideline 6:** A minimum of two (2) adults will supervise children's and/or youth church authorized activities. At least one (1) of the adults in a room with children or youth must be a minimum of 22 years of age when working with the Whobody Youth Group, and at least 18 years of age when working with the Children's Ministry. At least (1) one of the adults must have a completed criminal background check form on file. Married couples may teach or work together when there is a third adult in the room and/or when guideline 7 is in place and they are working in a room with a peep hole/window or with the door ajar. When students arrive before both teachers are present, parents should remain with children, and the door is to be left open, and rooms which need them are to have safety gates and/or Dutch doors. No children or youth will be left alone in a room with only an adult or leader who does not have a criminal background check on file.

**Guideline 7:** Random visits to classrooms will be made at any time by the pastors, Program Directors, or other persons designated by the pastors or Program Directors.

**Guideline 8:** When one worker is helping a younger child use the bathroom, the bathroom doors shall be propped open.

**Guideline 9:** Children causing disturbances or extremely upset children may be moved to another room by one person as long as the door remains open and the room is in proximity of occupied classroom (with the other adult leader).

**Guideline 10:** Children shall not be taken from the Church grounds on a church-sanctioned activity without the permission of their parents or guardians. The “Parent/Guardian Consent Form” can be filled out and remain valid for a 12-month period.

**Guideline 11:** No worker (volunteer or paid) shall spend time alone or behind closed doors or an isolated area with a child/youth without the permission of their parents/ guardians.

**Guideline 12:** Anyone picking up children from classrooms must have appropriate identification as deemed necessary by the Program Directors or the responsible parties in the classrooms.

**Guideline 13:** Anyone observing inappropriate conduct by adults relating directly or indirectly to children or youth shall immediately report this behavior to the Director of Children’s Ministries, Director of Youth Ministries, one of the pastors and/or the Chair of the Staff-Parish Relations Committee.

**Guideline 14:** For safety reasons, parents or guardians are expected to remain on the Church campus while their children are in the care of the Church except when the event is organized in such a way that it would be impractical for the parents to be here, i.e. Storytime, VBS, etc., when the church-sponsored event is being held off-campus, or as otherwise determined by the leaders of that particular Church event.

At all times, a parent, guardian, or ministry leader is to escort a child to and from the appropriate meeting room or classroom. If a parent or guardian fails to pick up a child in the classroom, the adult worker may escort the child to the parent/guardian.

**Guideline 15:** Church entrance doors will be locked at all times except when scheduled meetings/worship services are in session. Members and visitors are encouraged to use entrance doors that have coded keypads at all other times.

**Guideline 16:** All church members are encouraged to increase their awareness of visitors and walk any visitor to their destination in our facility whenever possible. Any suspicious persons or activities should be reported immediately to the nearest staff person and/or 911 as appropriate.

**Guideline 17:** Children under the age of 8 and 40 pounds must be secured in a car seat or booster seat when traveling other in any vehicle other than the church bus as defined by the State of North Carolina.

**Guideline 18:** The Safe Sanctuary Policy of Mount Pisgah Church shall be reviewed, evaluated and updated every 4 years or as recommended by staff and church leadership.



## **Mt. Pisgah United Methodist Church, Greensboro, NC Youth Activities “Safe Sanctuaries” Procedures**

**(This policy reflects the church’s “Safe Sanctuaries” Procedures policy  
but is restated to share with youth and parents.)**

The following procedures govern issues of staffing, housing, medical safety, security, conduct, supervision, and travel at Mt. Pisgah United Methodist Church, Greensboro, NC Youth Events:

### **Leadership/Counselors:**

- A. Adult leaders/counselors will be required to complete a volunteer application form.
- B. Adult volunteer leaders/counselors staff will be required to complete a medical / insurance application / information form. These forms will be on hand and accessible during the event in case of accident, illness, or other emergency.
- C. All youth, under the age of eighteen (18), will be required to have written permission from a parent or guardian to participate in activities away from the church property.
- D. Adult volunteer leaders/counselors staff will be required to complete a consent form for background checks relating to criminal and/or DMV records.
- E. There will be a training session for all leaders once a year or as needed at which time the “Safe Sanctuary” policy and procedures will be covered. Failure to comply with the “Safe Sanctuary” procedures may result in that person being sent home at their own expense, and not being allowed to continue to serve as an adult leader/counselor.

### **Housing:**

- A. Youth are to be housed with supervision, with two adults rooming near enough to provide adequate supervision.
- B. No youth and adult shall share a bed. In some instances, we use motel-style accommodations with two double beds per room. The youth will share one bed; the adult(s) (of the same sex) the other bed.
- C. Co-ed rooming is not permitted (except married couples and family units).
- D. **Where possible**, middle high youth and senior high youth will be housed separately.
- E. All event participants and staff will adhere to the established curfew and covenant.

### **Medical:**

- A. Each youth and adult attendee, including all staff and volunteers, must submit a completed medical / insurance form. Minor’s forms must have parent’s or guardian’s original signature.
- B. Group leaders should have a photocopy of each attendee’s medical form in a file during travel to and from the event.
- C. Medical forms will be kept on site for the duration of the event.
- D. First aid supplies will be available on site.
- E. Counselors will be informed at registration and in counselors’ meetings where First Aid equipment can be found and if there are allergies or medical conditions of which they should be made aware.
- F. A written report will be completed and submitted to the building supervisor in the case of any accident, medical emergency, or injury. Forms are available from the building supervisor. Some facilities or venues for Church event may also require that their own accident form be completed.

**Security:**

- A. All adult leaders assisting with or leading a youth activity should help ensure the safety and security of participating youth.
- B. Counselors are to be informed where First Aid equipment can be found.
- C. In the event of an incident, a detailed written report will be completed and submitted to the building supervisor for the Church.

**Conduct:**

- A. Anything considered illegal in North Carolina or the state in which the event takes place is strictly prohibited for participants at a Mt. Pisgah United Methodist Church youth activity. This includes but is not limited to issues related to tobacco use, drug use, alcohol consumption, possession of firearms, weapons or fireworks. Use of such may result in person being sent home, at their own expense, and not participating in future activities.
- B. Visitation between males and females in hotel rooms or residence halls is prohibited unless directly supervised in a group setting by the responsible adult, who is assisting with or leading the youth activity, for devotional or group discussion purposes.
- C. Participants are to treat others as they would want to be treated to encourage positive nurturing relationships with the whole group without the use of profane language; without practical jokes that may be physically harmful; without any *two* youth, or one youth and one adult, separating themselves from the group in isolated locations; without inappropriate demonstrations of affection and physical contact.
- D. For **ALL** adult counselors and leaders, a good rule of thumb for appropriate demonstrations of affection or physical contact would be to never be alone with a youth; never initiate a hug; keep hugs brief; always be the one to end a hug; hug from the side; never impose your touches on the youth in your group. All should refrain from any word or deed which might be interpreted as sexual advances.
- E. Clothing for all is expected to be modest and appropriate for a Christian event. Bathing suits for females must be modest one-piece or tankini styles. Two-piece bathing suits are prohibited.
- F. Youth and adult participants and all leaders, will be expected to observe all policies, guidelines, and covenant of the event. This also includes a host facility's rules and regulations.
- G. Local and host facility curfews will be enforced.
- H. All adult leaders are to always use wise judgment when participating in a church youth activity or event.

**Supervision:**

- A. Adult counselors are responsible for their youth at **ALL TIMES**.
- B. Parents of the youth attending an event should be given (prior to the activity) written details about the activity, including a phone number to reach their child in an emergency.
- C. All adult counselors must be 22 or older. Male youth will require a male adult counselor. Female youth will require a female adult counselor.
- D. We require a minimum three-person rule at all times, preferably two unrelated adults when there is a youth present and one being a different gender. All counseling sessions and small groups will include at least three persons and must be held in locations that are not isolated, including alone in a vehicle. Should an adult find himself or herself alone with a youth, the adult should make certain that he/she is in a location where he/she can be seen, not in an isolated location. The door should be left open and physical contact must be avoided.
- E. Leaders under age 22 will be supervised by an adult during the event.

**Travel:**

- A. Travel arrangements to/from events will be made by the church. Youth driving themselves must ride alone unless permission is given from the parents or guardians involved to the youth director or counselor.
- B. All adult drivers will be screened through the NC State DMV. A North Carolina driver's license will be required.
- C. Adult leaders must have parental permission forms on file for each youth who travels with the church group. These forms should include emergency contact numbers for the youth's parents or legal guardians.
- D. No youth should travel alone in a vehicle with only one adult for a church activity unless it's the youth's parent/guardian.
- E. Youth may not leave the site of the youth activity without explicit permission from the church group leader or designated adult leader.
- F. **ALL vehicles should remain parked throughout the duration of the activity** except for transporting youth and buying supplies.

**Reporting in Cases of Abuse:**

- A. Any suspected or reported case of neglect or abuse that occurs during a Mt. Pisgah United Methodist Church Youth Event should be reported **IMMEDIATELY** to the Staff-Parish Relations Committee Chair, a pastor, and/or the manager of the facility being used. Should the incident involve a clergy person, that person's District Superintendent must be notified within twenty-four hours.
- B. The Director of Youth Ministries, in conjunction with the adult counselors, must immediately complete and submit to one or more of the individuals identified above an incident report for any suspected or reported case of abuse or neglect involving a youth. (Report forms to be supplied.)



**Previous Work Experience:** Please list your previous employers. 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, the dates you were employed in each position, and the reason you are no longer employed with each.

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**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, and 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**.

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_  
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 Mt. Pisgah United Methodist Church, I agree to abide by and be bound by the policies of Mt. Pisgah United Methodist Church and to refrain from inappropriate conduct in the performance of my duties on behalf of Mt. Pisgah United Methodist Church.

I certify that 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 \_\_\_\_\_

## **Mt. Pisgah United Methodist Church**

### **CHILDCARE WORKER POSITION DESCRIPTION**

**Position:** Childcare worker for children birth up to age 18.

**Reports to:** Children or Youth Supervisor/Coordinator as designated by the Church

#### **General qualifications required**

1. All childcare staff members shall be of good character and be of the Christian faith.
2. All childcare staff members shall
  - a. be able to work with children.
  - b. have a basic understanding of children and their needs.
  - c. be adaptive to a variety of situations.
  - d. be willing to grow in their knowledge of children through periodic education and training events.
3. Undergo and pass a criminal background check and/or other investigative reports to confirm fitness for the position.
5. Comply with all Church policies and procedures. .

#### **Educational qualifications required**

All childcare staff members shall have completed the equivalent of a high school diploma.

#### **Duties of childcare staff member**

1. Provide physical, emotional, and intellectual support and stimulation to each child in your care, as appropriate for the circumstances.
2. Provide appropriate guidance to each child in your care.
3. Develop a relationship of trust and continuity with the children in your care, which will enhance each child's development of positive self-images.
4. Provide support and assistance to parents when they arrive with their children.



**Performance expectations of a childcare staff member**

1. Be punctual. Notify your supervisor in advance if you must be late.
2. Be reliable in your attendance. Notify your supervisor in advance if you must be absent.
3. Attend periodic training and education events provided by the church.
4. Be polite, friendly, and courteous to others, both children and adults.
5. Do not engage in physical punishment/discipline of any child.
6. Cooperate with other childcare staff and with parents.
7. Abide by and apply the childcare policies of Mt. Pisgah United Methodist Church at all times.

I have read the position description for childcare staff members of Mt. Pisgah United Methodist Church and understand its contents. My signature below indicates my agreement and covenant to abide by the requirements set forth above.

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Signature of Applicant

Date

## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, \_\_\_\_\_, hereby authorize Mt. Pisgah United Methodist Church to request any police/sheriff's 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/sheriff's 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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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: \_\_\_\_\_

License expiration date: \_\_\_\_\_

Request sent to: **Mount Pisgah United Methodist Church**

Name: **Attn: Pam Inman**

Address: **2600 Pisgah Church Road, Greensboro, North Carolina 27455**

Phone: **(336)288-3321**

## 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? \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have liability insurance? (list policy limits and name of carrier) \_\_\_\_\_

Why would you like to volunteer as a worker with children and/or youth? \_\_\_\_\_

What qualities do you have that would help you work with children and/or youth? \_\_\_\_\_

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 violation)?  No  Yes

If yes, please explain fully: \_\_\_\_\_

Have you ever been exposed to an incident of child abuse or neglect?  No  Yes

Would you be available for periodic volunteer training sessions?  No  Yes

## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, \_\_\_\_\_, hereby authorize Mt. Pisgah United Methodist Church to request the any police/sheriff's 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/sheriff's 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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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: \_\_\_\_\_

License expiration date: \_\_\_\_\_

Request sent to: **Mount Pisgah United Methodist Church**

Name: **Attn: Pam Inman**

Address: **2600 Pisgah Church Road, Greensboro, North Carolina 27455**

Phone: **(336)288-3321**

## PARTICIPATION COVENANT STATEMENT

The congregation of Mt. Pisgah United Methodist Church is committed to providing a safe and secure environment for all children, youth, 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 building 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.

1. No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should volunteer to work with children or youth in any church-sponsored activity.
2. Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer in some capacity to work with children or youth is encouraged to discuss his/her willingness with one of our Church's Pastors before accepting an assignment.
3. All adult volunteers involved with children or youth of our church must have been active in Mt. Pisgah for at least one month before beginning a volunteer assignment.
4. Adult volunteers with children and youth shall observe Guideline 6 at all times so that no adult is ever continually left alone with children or youth.
5. Adult volunteers with children and youth shall attend regular training and educational events provided by the Church to keep volunteers informed of church policies.
6. Adult volunteers shall immediately report to Director of Children's Ministries, Director of Youth Ministries, one of the pastors, and/or the Chair of the Staff-Parish Relations Committee any behavior that seems abusive or inappropriate.

### Please answer each of 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 guideline 6 at all times? Yes  No
3. As a volunteer in this congregation, do you confirm that you have actively attended and participate in activities at this Church for at least one month? 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 as outlined above? Yes  No
6. As a volunteer in this congregation, do you agree to discuss with a pastor of this congregation your experience, if any, as a survivor of child abuse? Yes  No
7. As a volunteer in this congregation, do you confirm that you have never been convicted of child abuse and to immediately report to the Senior Pastor any such charges or convictions against you? Yes  No

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

---

Signature of Volunteer

---

Date

---

Print full name

## FORM FOR REFERENCE CHECK

**To be filled out by person acting as a reference for any applicant applying for employment to work with children or youth at Mt. Pisgah United Methodist Church.**

Applicant name: \_\_\_\_\_

Reference name: \_\_\_\_\_

Reference address: \_\_\_\_\_

Reference phone: \_\_\_\_\_

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 work 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, youth, and/or others? If so, please describe.
10. Do you have any knowledge that the applicant has ever been charge and/or convicted of a crime? If so, please describe.
11. Please list any other comments you would like to make:

Reference inquiry completed by: \_\_\_\_\_

Signature

Date

## ACCIDENT REPORT FORM

*(Fill out one form for each child or youth injured and return within 24 hours of accident to Building Supervisor.)  
(Please print all information.)*

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Name of child/youth injured: \_\_\_\_\_ Age: \_\_\_\_\_

Address of child/youth: \_\_\_\_\_  
\_\_\_\_\_

Location of accident: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_

Name of person(s) who witnessed the accident:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was parent/guardian informed about the accident?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** *Keep a copy in your file and give a copy to the Building Supervisor.*

## RELEASE, WAIVER, AND INDEMNITY AGREEMENT

It is the intention of \_\_\_\_\_ by this  
(parent or guardian of minor)

agreement to exempt and relieve Mt. Pisgah United Methodist Church and its clergy, agents, servants, or employees from liability for personal injury, property damage, or wrongful death of

\_\_\_\_\_ caused by any act of negligence of  
(name of minor)

Mt. Pisgah United Methodist Church and its clergy, agents, servants or employees. For and in consideration of permitting \_\_\_\_\_ to observe, or use any facility or  
(name of minor)

equipment of Mt. Pisgah United Methodist Church or engage in and/or receive instruction in any activity or activity incidental thereto some of which may involve dangers and risk of bodily injury at

Mt. Pisgah United Methodist Church in the City of Greensboro, County of Guilford and State of North Carolina, the undersigned parent and/or

guardian of \_\_\_\_\_ hereby voluntarily and  
(name of minor)

absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to

\_\_\_\_\_ as a result of  
(name of minor)

\_\_\_\_\_’s observing or using  
(name of minor)

facilities or equipment of Mt. Pisgah United Methodist Church or engaging in or receiving instructions in any activities some of which may involve dangers and risk of bodily injury or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue. The undersigned parent or guardian of \_\_\_\_\_

(name of minor)  
for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any

claim for personal injury, property damage, or wrongful death shall be prosecuted against

Mt. Pisgah United Methodist Church or its officers, agents, servants, or employees, the undersigned



parent or guardian will indemnify and hold harmless Mt. Pisgah United Methodist Church and its clergy, agents, servants, or employees from any and all claims or causes of action by

\_\_\_\_\_ or by any other person or entity, by whomever or  
(name of minor)  
wherever made or presented, and under no circumstances will the undersigned parent or guardian of

\_\_\_\_\_ present any claim against Mt. Pisgah United  
(name of minor)

Methodist Church and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by Mt. Pisgah United Methodist Church and said persons. The undersigned parent or guardian represents that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in which observation, activities, or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Dated: \_\_\_\_\_

Signature of parent or guardian for \_\_\_\_\_:  
(name of minor)

\_\_\_\_\_

## PARENT/GUARDIAN CONSENT TO MEDICAL, DENTAL, OR HOSPITAL CARE

I, \_\_\_\_\_, am the parent or legal guardian of  
(name of parent or guardian)

\_\_\_\_\_ (hereinafter "my child"), who was born on  
(name of minor)

\_\_\_\_\_, \_\_\_\_\_.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care for my child under the general or special supervision and upon the advice of or to be rendered by a physician, surgeon, or healthcare provider licensed in this State to practice medicine. This consent also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed in this State. I further agree to pay all charges for the dental, medical, and/or hospital care or treatment provided to my child.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, and/or hospital care or treatment be rendered to my child is legally sufficient and that no consent from any other person is required by law.

\_\_\_\_ Please note that my child is allergic to or takes the following medication (give explicit instructions): \_\_\_\_\_

Dated: \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
(signature of parent or guardian)

\_\_\_\_\_  
(print name of parent or guardian)

**Note:** *This form must be updated every year or when information changes. A copy is to be kept in the church and one taken on every trip. No minor may go on any trip out of Greensboro, North Carolina without his/her parent or guardian filling out this form.*

## PARENT/GUARDIAN CONSENT FORM

I, \_\_\_\_\_, am the parent or legal  
 (name of parent or guardian)  
 guardian of \_\_\_\_\_ (hereinafter "my child"),  
 (name of minor)

and I am informed of the activities offered by Mt. Pisgah United Methodist Church, located at  
 2600 Pisgah Church Road, in the city of Greensboro, county of Guilford, and state of North Carolina,  
 beginning on the day of \_\_\_\_ / \_\_\_\_ / \_\_\_\_, and ending on the day of \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

As parent or legal guardian of my child, I hereby consent for my child to attend and participate in  
 all activities provided by Mt. Pisgah United Methodist Church.

Additional Information:

My child is to be excluded from the following activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Note:*** A copy of this consent form is to be kept in the church and one taken on every trip. One must be filled out for every activity. No minor may go on any trip without filling out this form.

## REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE

1. Name of worker (paid or volunteer) completing this form: \_\_\_\_\_  
\_\_\_\_\_

2. Alleged Victim's name: \_\_\_\_\_  
Alleged Victim's age/date of birth: \_\_\_\_\_

3. Date/place of initial conversation with/report from or about the alleged victim: \_\_\_\_\_  
\_\_\_\_\_

4. Provide a detailed statement of alleged or reported incident(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of person accused of abuse: \_\_\_\_\_  
  
Relationship of accused to alleged victim (paid staff, volunteer, family member, other): \_\_\_\_\_  
\_\_\_\_\_

6. Reported to whom (list all church individuals): \_\_\_\_\_  
  
Date/title: \_\_\_\_\_  
  
Summary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Call to local law enforcement agency, if applicable:  
  
Date/time: \_\_\_\_\_  
  
Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Other contacts: \_\_\_\_\_

Name: \_\_\_\_\_

Date/time: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Signature of Reporter

Date

## AFFIDAVIT

I, \_\_\_\_\_, affirm to Mt. Pisgah United Methodist Church that I have read the attached “Policy To Prevent Child Abuse” and will follow the policy with respect to any church program, ministry or activity in which I participate.

I affirm that I have never been charged or convicted of any crime involving the abuse or harm of a child. If any allegation or claim concerning the abuse or harm of a child is made against me by anyone in any setting prior to or during my involvement in Mt. Pisgah’s programs, ministries or activities ends, I will promptly report the occurrence of the allegation to the Senior Pastor of the church.

I further affirm that all the information I have or will supply to representatives of Mt. Pisgah Church concerning my personal background and prior work and ministry experiences with children (whether volunteer or paid) is true, accurate and complete to the best of my knowledge.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## LOCAL CHURCH SELF-EVALUATION FORM

Use the following list to help your congregation assess its policy needs for the prevention of child abuse in your church. Read each statement and mark the appropriate response in the column to the right. By completing the form, you will be able to see at a glance the areas needing attention.

### Statement

Statement	Yes	No	Unsure
1. We screen and check references for all paid employees, including clergy, who have significant contact with children or youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. We screen all volunteer workers for any position involving work with children or youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. We train at least annually all volunteer or paid workers with children or youth to understand the nature of child abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We train at least annually all volunteer or paid workers with children or youth in how to carry out our policies to prevent child abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Our workers are informed of state law requirements regarding child abuse and their responsibility for reporting incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. We have a clear reporting procedure for a suspected incident of child abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. We have a clearly defined building usage strategy as a component of our child abuse prevention plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. We have a clearly defined response plan to be implemented in case an allegation of child abuse is made against someone in our church.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. We offer at least annual educational opportunities to parents of children and youth about how to recognize and how to reduce risks of child abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. We take our policies to prevent child abuse seriously, and we are committed to their enforcement for the safety and security of all of our children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Forms for  
Mt. Pisgah United Methodist Church  
Greensboro, North Carolina  
Safe Sanctuaries Policy**

1. Employment Application.....4 pages long
2. Authorization and Request for Criminal Records Check.....1 page long
3. Volunteer Application.....2 pages long
4. Participation Covenant Statement.....1 page long
5. Reference Form Check.....1 page long
6. Accident Report Form.....1 page long
7. Release, Waiver and Indemnity Agreement.....2 pages long
8. Parent/Guardian Consent to Medical, Dental or Hospital Care.....1 page long
9. Parent/Guardian Consent Form.....1 page long
10. Report of Suspected Incident of Child Abuse.....2 pages long
11. Affidavit.....1 page long
12. Child Care Worker Position Description.....2 pages long
13. Local Church Self-Evaluation Form.....1 page long