

Swansboro United Methodist Church  
Safe Sanctuary  
Policy and Procedures

**1. Crime of Abuse Rule**

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

- Sunday School teachers
- VBS Volunteers
- UM Kids Volunteers
- Confirmation Volunteers
- United Methodist Youth Fellowship Volunteers
- Youth/Children Driving Volunteers
- All Paid staff
- All volunteers within their first year

**2. Six Month Rule**

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

**3. Two Adult Rule**

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

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

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

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

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

**4. Parental Permission**

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

**5. Church Sponsored Childcare Procedures**

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

**6. Abuse Awareness Training**

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

The Pastor will then report immediately to:

- The District Superintendent (local 919-779-9435, toll free 888-661-4941)
- Dir. of Communications at the Conference Office (800-849-4433)
- Trustees Chairperson
- Department of Social Services (find local phone # and publish for your congregation) or the Sherriff’s Department (find local phone # and publish for your congregation)
- If a minor, contact the parents/guardians
- Church’s insurance company

I HAVE READ THE POLICY REGARDING STATE LAW AND THE POLICY OF SWANSBORO UNITED METHODIST CHURCH LISTED ABOVE. I AGREE TO ABIDE BY THIS POLICY AND THE SAFEGUARDS LISTED. I understand that a criminal record check will be conducted on me and I consent to any such check

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

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

\*The Swansboro United Methodist Safe Sanctuary Policy was revised on December 22, 2014. After a Safe Sanctuary team meeting on December 15, 2014 at 6:30pm. Those in attendance were Lydia Cauley, Louisa Ringo, Rhonda Norris, Anne Scott, Linda Gott, Joel Harrod, Llewelyn Copeland, and Roger Fulp.

**VOLUNTEER WORKER COMMITMENT FOR ACTIVITIES  
WITH CHILDREN OR YOUTH**

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

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

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

1. As a church volunteer, do you agree to observe all church policies regarding working with youth or children?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

3. If yes, please explain fully, including date.

4. Complete Name \_\_\_\_\_  
*(Please print)*  
Identity must be confirmed with a state driver's license. *(Copy should be attached.)*

5. Social Security Number \_\_\_\_\_

6. Present Address :Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Previous Address (If you have moved within the last 5 years)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Will you report to the church office, pastor or associate pastor any incident involving your arrest within 24 hours of the incident?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

8. Name, address, and phone number of church of which you are a member

9. Names, addresses, and phone numbers of other churches you have attended regularly during  
The past five years

List previous church work involving children or youth.

List previous non-church work involving children or youth

List any gifts, callings, training, education, or other factors that have prepared you for work  
involving youth or children.

**List two personal references. At least one should live in the Swansboro area. (Do not include relatives)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

The information contained on this commitment form is correct to the best of my knowledge. I authorize any references listed in this application to give you any information that they may have regarding my character and fitness for work in children or youth programs. I hereby release any individual, church, employer, or other reference from any and all liability as they attempt to comply with this authorization.

I understand that a criminal record check will be conducted on me and I consent to any such check.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Authorization and Request for Criminal Records Check**

I \_\_\_\_\_ hereby authorize the \_\_\_\_\_ Church to request the 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 local, state, or national. I hereby release said police/sheriff's department from any and all liability resulting from such disclosure.

\_\_\_\_\_  
Signature Date

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

Print maiden name if applicable \_\_\_\_\_

Print all aliases \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Today's date \_\_\_\_\_

***Request sent to:*** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_