Greetings!

The Michigan Conference Protection Policy Team, along with the Youth Ministry Development Coordinator and Children’s Initiatives Coordinator, have developed this toolkit resource for local churches to use in the creation or review of their local church Protection Policy (sometimes known as Safe Sanctuaries). This editable template, forms, and helpful resources are meant to assist local churches. You MUST edit the Protection Policy to fit your church context and it is strongly recommended that you have the document reviewed by your church’s attorney and insurance company. There is also room to include circumstance unique to your church property, such as play structures, water, etc. You may also wish to include additional information about ministry with vulnerable adults that you have at your church, if that applies. For more information or additional support in developing your Protection Policy please contact Bridget Nelson at bnelson@michiganumc.org or Rev. Kathy Pittenger at kpittenger@michiganumc.org. For more information about scheduling a conference authorized training contact Aritha Davis at adavis@michiganumc.org.

Local church protectioN policy toolkit  
January 2019

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Sample United Methodist Church   
Protection Policy

FOR THE PROTECTION OF CHILDREN,

YOUTH, AND VULNERABLE ADULTS

Effective (date)

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

**Sample United Methodist Church (SUMC)**

**Preamble**

Christians are called to live according to the gospel of Jesus. All persons are created by God. God intends all persons to have worth and dignity in their relationships. We are a connected body, and when one part of this body is injured physically, emotionally or spiritually, the entire body is rendered less than God intended.

The scriptures witness to a God who brings about justice, mercy and grace. This policy is an act of hospitality to those who may be at risk due to their age, size, and mental and/or physical capacities.

The innocence of children is what best enables them to seek out God with fearless enthusiasm. That innocence is also what leaves them most vulnerable to abuse, bullying or neglect. Every 15 seconds a child is abused or neglected.1 Often abuse occurs in settings where children, youth or vulnerable adults should have been able to feel safe -- homes, schools, camps, and sadly the church. In more than three quarters of the reported incidents of child abuse, the victim was related to or acquainted with the abuser.2

Although the practice of abuse, bullying and neglect, or the making of false accusations is not to be condoned, we will continue to acknowledge that God’s grace is available to all. All persons are valued as human beings in God’s image.

The purpose of this policy is to protect all who come to us, to protect both our paid and volunteer staff from potential false allegations of abuse, and to limit the extent of legal liability of Sample United Methodist Church. Therefore, this policy, prompted by the 1996 General Conference of The United Methodist Church, is designed to minimize the risk of abuse, bullying and/or neglect to children, youth, and vulnerable adults at SUMC events.

1 Joy Thornburg Melton, SAFE SANCTUARIES: REDUCING THE RISK OF CHILD ABUSE IN THE CHURCH (Nashville, TN: Discipleship Resources, 1998). Available through www.discipleship resources.org and www.cokesbury.com. Rev. Melton is a deacon in the North Carolina Conference of The United Methodist Church. She is both a Christian educator and an attorney.

2 Ibid.

**Section I. Care Provider Authorization and Re-Authorization**

1. Implementation
   1. The appropriate administrative team shall implement this policy and develop procedures to that end.
   2. SUMC may use discretion to require additional screening including a personal interview.
2. Minimum Requirements
   1. All care providers shall:
      1. Be at least 16 years of age. Upon turning 18 years of age, applicant must re-apply for authorization as an adult.
      2. Care providers must be at least 5 years older than the oldest child or youth receiving care.
      3. Be active at SUMC for at least 6 months at the time of application.
      4. Complete the Authorization Application for all local church events, programs and activities. All applicants under the age of 18 must also have their parent’s signature on the application.
      5. Provide no fewer than three (3) written references (non-familial, not of the same household).
      6. Submit written permission and pertinent information for background checks of criminal and Registered Adult Sex Offender records to be pursued when possible with local, county, state and/or federal law enforcement agencies at the discretion of the local church.
3. Qualifications
   1. No one shall serve as a care provider if she/he is known to have been previously convicted of, or pled guilty or no contest to, any crime arising out of any act or conduct involving abuse of any kind, or any act or conduct which is of a sexual, molesting, seductive, or criminally deviant nature, whether or not such conduct involved a child. This includes but is not limited to, crimes involving pedophilic behavior (molestation of a pre-adolescent child), incest, rape, assaults involving vulnerable adults, children or youth, murder, kidnapping, pornography, and the physical abuse of a vulnerable adult, child, or youth. This also includes financial abuse of a vulnerable adult. This qualifying rule shall apply no matter how long ago the crime occurred.
   2. Applications will not be accepted from anyone who has acknowledged or admitted that she/he has participated as a perpetrator in any previous act of sexual abuse of a vulnerable adult, child or youth. This qualifying rule shall apply no matter how long ago or whether a civil or criminal verdict was rendered.
   3. If we determine that the person is unsuitable to serve, the application shall be denied and the applicant shall be notified. We reserve the right to not accept any person for volunteer or paid service. If at any time, before or after authorization, the applicant is found to be unsuitable, we have the authority to review and revoke participation.
4. Confidentiality and Document Access
   1. All documents and information obtained on all care providers shall remain confidential except as noted below.
      1. All consents by parents or guardians will be accessible to leadership in the local church for use in promoting the health, welfare, and safety of participants at local church related functions and events.
      2. All documents and information obtained during the screening process may be disclosed when there is a duty to inform and/or it is reasonably necessary in the context of any criminal or civil litigation involving the care provider of the local church.
5. Records Retention
   1. (Your local church needs to determine how you will maintain records. Locked file cabinet/digitally secured. As well as the length of time they will be kept)

**Section II. Training and Education**

1. Training & Application Process
   1. SUMC shall be responsible for training applicants.
   2. SUMC shall be responsible for the approval process of all applicants including obtaining background checks on all care provider applicants.
   3. Training materials and other resources are available from Michigan Conference staff.
   4. Care Providers shall complete the training and education for authorization and must be renewed every 3 years.

**Section III: Guidelines**

1. Supervision
   1. Proper supervision is necessary to avoid creating the opportunity for abuse, bullying or neglect, and false accusations of abuse, bullying or neglect to occur.
   2. Proper supervision includes providing care providers with Protection Policy training.
   3. Supervision during the care provider’s performance of their responsibilities shall give special attention to high-risk settings such as nurseries, restrooms, and overnights.
   4. Other adults not directly involved with an event: devotional leaders, event speakers, musicians, or other specialists providing services such as food or entertainment may be present, but may not be alone with children, youth, or vulnerable adults.
   5. Parents, legal guardians, and special needs care givers may be present with their children or care recipient, but may not be alone with other children, youth or vulnerable adults unless they are qualified as a care giver.
2. General Rules
   1. Adequate staffing
      1. All local church functions, activities, and events involving children, youth and vulnerable adults shall be staffed to meet the standards of this Policy.
      2. The portion of the function, activity or event, which involves Care Providers, shall be cancelled when staffing required by this Policy is not provided.
      3. All Care Providers under the age of 18 shall be at least five years older than those receiving care. Care Providers under 18 years of age shall comprise no more than 50% of the staff for an event, activity, or function.
      4. Ratios of staff to children shall be in compliance with the rules and regulations of the State of Michigan (below are the guidelines from www.michigan.gov/michildcare).

Staff-to-child ratio and group size

Birth to 12 months 1:3

13–30 months 1:4

31–35 months 1:5

3 yr olds 1:7

4 and 5 yr olds 1:8

6-10 yr olds 1:9

10-12yr olds 1:10

13-18 yr olds 1: 12

* 1. Two Care Provider Rule
     1. At least two authorized Care Providers, one of which must be an adult, shall be present at each function, activity, or event involving children, youth, or vulnerable adults.
     2. The two-care provider rule in the preceding paragraph may be waived at the discretion of the event director or Care Provider in the following situations.
        1. The authorized Care Provider is an adult and there are at least three children over 13 years of age present.
        2. One adult Care Provider remains while the other Care Provider temporarily leaves the area or room for a medical, family, or other reasonable necessity, i.e., escorting a child, youth, or vulnerable adult to the rest room.
        3. One adult Care Provider remains when the other Care Provider must leave for an unexpected medical, family, or other reasonable necessity.
        4. A Care Provider is taking a child, youth or vulnerable adult to or from a function, activity, or event. The waiver must be completed for each child, youth, or vulnerable adult.
        5. An authorized Care Provider temporarily remains with a child, youth or vulnerable adult while waiting for others to arrive or while the child, youth or vulnerable adult is waiting to leave a function, activity, or event, providing there is another adult or older child present.
  2. Sleeping Accommodations. Sleeping areas, restrooms, and changing areas shall be separated by gender, and supervised by the same gender.
  3. Participants will be released only to those indicated on a release form signed by the parent or guardian.

1. Additional Considerations
   1. Doors
      1. Doors are never to be locked and are to remain open unless equipped with windows.
   2. Counseling/Private Conversation
      1. Any one on one conversation should take place in a room with an open door. Sessions should be held when other adults are nearby and aware of the session.
   3. Restrooms
      1. Children should be escorted to the restroom and an adult should wait outside. If a child requires assistance in the restroom, the two adult rule applies, making every effort to balance privacy with accountability.
   4. Photo/Video
      1. Photo/Video release forms are required before posting, publishing or disseminating media or material that includes children, youth or vulnerable adults.
   5. Transportation
      1. All drivers must have and show proof of a valid driver's license and auto insurance and be a minimum of 21 years of age.
      2. All drivers must be screened to ensure they are safe to drive others. Drivers may be denied authority to drive others for church events if there are red flags on records.
      3. If driving a church vehicle, Trustee guidelines should be followed.
      4. The two adult rule applies to vehicles and travel.

(Transportation, con’t)

* + 1. All children and youth must provide a signed permission slip/liability form with emergency information. These are to be kept with the event director at all times during the event.
  1. Social Media
     1. Local churches should establish boundaries for the way adults communicate with youth and vulnerable adults via social media. This is a fast changing and potentially problematic dynamic in our world today.
  2. Vulnerable Adults
     1. Local churches may wish to add additional considerations and guidelines for work with vulnerable adults.

Sections 8-9 need to be completed or removed by SUMC with appropriate legal advice as they depend on unique circumstances.

* 1. Playground/ Play Structures
  2. Water or other unique aspects of your church property
  3. Other unique features of SUMC property

1. Event Director Responsibilities
   1. Ensure a safe and appropriate location that is conducive to the health and welfare of the participants.
   2. Provide adequate supervision of children, youth, and vulnerable adults.
   3. Implement these policies and related procedures, including reporting and documentation of alleged incidents.
   4. Establish and communicate to all staff expectations and procedures for the event, for instance, procedures regarding medications, medical situations (universal precautions) and emergencies and how they will be handled during the event.
   5. Establish a sign-in and sign-out procedure of participants.
   6. Establish a procedure to obtain copies of permission slips, release forms, medical permission and other necessary paperwork in compliance with applicable laws and regulations of the State of Michigan and other requirements of the local church.

**Section IV: Policy For Reporting Suspected Abuse, Bullying Or Neglect Involving Children, Youth or Vulnerable Adults**

1. Persons Required to Report
   1. All Care Providers who have reasonable cause to suspect abuse or neglect of a child, youth, or vulnerable adult shall report all known and suspected cases of abuse or neglect which (a) occur on the local church premises; (b) occur at a church function, activity or event, or; (c) are disclosed during a church function, activity or event. All other persons may report known and suspected cases of abuse or neglect in accordance with this Policy and the laws of the State of Michigan. This Policy supports mandatory reporting in compliance with the State of Michigan.
   2. If any child, youth, or vulnerable adult arrives at an event with signs of abuse or neglect, the event director shall immediately implement this Policy’s reporting procedures in compliance with state law.

(Section IV, continued)

* 1. The reporting requirements in this Policy are the minimum requirements. This Policy does not preclude anyone from reporting a known or suspected case of abuse or neglect to others for the protection of children, youth, and vulnerable adults. Unless such protection requires otherwise, however, confidentiality of the information reported or received shall be respected to protect the rights and interest of the victim, the alleged perpetrator and their families.
  2. Under Michigan law, anyone reporting in good faith a known or suspected case of abuse or neglect, to Children’s Protective Services or Adult Protective Services is immune from civil or criminal liability which might otherwise be incurred thereby.

1. Required Reporting Process
   1. The Care Provider shall immediately report the known or suspected abuse or neglect to the event director.
   2. For the protection of all parties, if the suspected or alleged perpetrator is in/on the premises, he or she is to be isolated from the program and have no contact with the children, youth, or vulnerable adults.
   3. As soon as possible and in all cases within 24 hours, the suspecting care giver shall telephone an oral report to Children’s Protective Services or Adult Protective Services to the Centralized Intake TOLL FREE number for the State of Michigan (855-444-3911). This oral report shall be made in conjunction with the person who made the observations or received the disclosure. The following information is typically required in the oral report:
      1. Name, age and gender of the alleged victim and other family members
      2. Address, phone number and/or direction to the alleged victim’s home
      3. Parent’s place(s) of employment (if known)
      4. Name and address of alleged perpetrator
      5. Description of the suspected abuse
      6. Current condition of the alleged victim
   4. Within 72 hours, the care giver who observed or received the disclosure, shall submit a completed State of Michigan “Report of Known or Suspected Child Abuse or Neglect” to Children’s Protective Services, or its equivalent to Adult Protective Services in accordance with the directions given at the time of the oral report. The event director may be a resource for completing this form.
   5. The event director and the entire staff of the function, event, activity or program shall cooperate with Children’s Protective Services or Adult Protective Services.
   6. Following contact with local Children’s Protective Services or Adult Protective Services, the event director shall inform:
      1. The Pastor
      2. Relevant church leadership
      3. District Superintendent and Bishop
   7. Notification of a parent or legal guardian of the alleged victim of abuse or neglect shall be determined by Children’s Protective Services or Adult Protective Services. The event director shall follow the parent’s or legal guardian’s wishes regarding the continued participation of the involved child, youth or vulnerable adult, unless otherwise instructed by Children’s Protective Services or Adult Protective Services.
   8. Matters of known or suspected abuse or neglect are to be kept confidential, except as required by law, to assist appropriate agencies in their investigations, or as disclosed to local church representatives with a need to know such information consistent with the requirements of the law. The incident is not to otherwise be discussed with persons other than those involved in the reporting.

1. Reporting When The Alleged Perpetrator Is The Care Provider, Event Director, or Clergy
   1. If there is a report of alleged abuse or neglect by a care person or adult at a SUMC event, the procedures in Section IV.B shall be followed.
   2. If the suspected or alleged perpetrator is on the premises, he or she is to be isolated from the program and have no contact with children, youth, or vulnerable adults.
2. Reporting When The Alleged Perpetrator Is Another Child, Youth or Vulnerable Adult
   1. If the suspected or alleged perpetrator is on premises he or she is to be isolated from the program and have no contact with children, youth or vulnerable adults.
   2. The event director shall follow the procedures outlined in Section IV. B.
   3. Unless instructed otherwise by CPS, APS, or the local enforcement agency, the event director may confidentially inform the contact person for the facilities hosting the event and the parents or guardians of involved parties.
3. Reporting All Other Suspected Cases of Abuse, Bullying or Neglect
   1. In all other cases of suspected abuse, bullying or neglect, the event director and the Pastor shall be immediately notified, and the reporting procedures referenced in Section IV.B shall be implemented.
4. Section 380.1310b of The State of Michigan Law Addressing Bullying in Schools. Bullying is not a mandated reportable offense. However, it is behavior that must be reported to protect participants, care receivers, care givers and church ministries. Reporting procedures follow:
   1. The event director will be notified of alleged bullying incidents.
   2. The event director will determine what, if any, follow up steps are to be taken. Consultation with the pastor or leadership team is recommended.
   3. Together the event director, in consultation with relevant staff shall determine what notification, if any, is appropriate to give to the parent or legal guardian, or the victim and the perpetrator or others.
   4. The event director will submit a written report of the incident to the Pastor. It may be determined that the District Superintendent should be informed.

**Section V. Follow-Up After Reports of Known or Suspected Abuse, Bullying Or Neglect**

1. General Goals and Objectives
   1. After reporting procedures have been completed, the following goals and objectives as prioritized below shall be addressed:
      1. Protection for the alleged victim and other children, youth, and vulnerable adults from any continued exposure to abuse, bullying or neglect.
      2. Care for the spiritual, emotional and physical well-being of the alleged victim and the alleged perpetrator.
      3. Respect and preservation of the legal rights of both the alleged victim and the alleged perpetrator.
      4. Safeguarding the privacy of all parties involved.
      5. Care for the spiritual and emotional well-being of the local church
      6. Protection of the legal and financial interests of the local church.
2. Investigation
   1. In accordance with the laws of the State of Michigan, local church staff (paid and volunteer) shall not conduct any investigation of reports or accusations of abuse or neglect.

(B. Investigation, continued)

* 1. The local church shall cooperate in any proper investigations by the Children’s Protective Services, Adult Protective Services, law enforcement agency, liability insurer and the parties involved.
  2. The local church may obtain the advice of an attorney who represents the local church.

1. Additional Response Requirements
2. SUMC will work with our insurance company, our attorney and our District Superintendent to determine further steps.
3. If the media is involved, the Michigan Conference Director of Communications should be contacted.
4. Response to The Victim(s) And The Accused

SUMC recommends that appropriate sensitive care be expressed to the victim, and the accused, as well as their families. Although the practices of abuse, bullying, neglect, or the making of false accusations are not to be condoned, we will continue to acknowledge that God’s grace is available to all.

**VI. Revisions**

1. This policy shall be reviewed regularly by our local church leadership. Edits may be made to any part of this policy at any time to be in compliance with applicable Michigan laws or changed circumstances. Such edits shall be included in annual reports.

**Conclusion**

As Christians, we are called to live according to the gospel of Jesus. All persons are created by God. God intends all persons to have worth and dignity in their relationships. We are a connected body, and when one part of this body is injured physically, emotionally or spiritually, the entire body is rendered less than God intended.

While the vast majority of those who work with our programs are of the highest moral and spiritual character and are deeply committed to the needs of those to whom they minister, the reality is that the potential for abuse, bullying or neglect is present.

We understand that those with clear backgrounds and records might find this process burdensome or offensive. Yet if we are to take seriously our responsibility for children, youth and vulnerable adults, all applications for workers and volunteers must be treated in the same manner. This policy is an act of hospitality to those who may be at risk due to their age, size, and mental and/or physical capacities. We thank you for your understanding and cooperation as we endeavor to make our programs safe and secure for all who participate.

# Definitions of Terms

1. **Abuse:** Abuse means harm or threatened harm to an individual’s health, financial or welfare through physical abuse, bullying, sexual abuse, sexual exploitation, maltreatment, and/or sexual harassment. For the purposes of this policy, ‘hazing’ is considered a form of abuse.
2. **Adult:** means a person at least 18 years of age.
3. **Applicant:** a person who is applying to be an authorized care provider.
4. **Appropriate:** conduct that one could reasonably assume would be acceptable and permissible by the general public.
5. **Bullying:** Intentional behavior that is meant to hurt and dominate another person or group of persons. It is characterized by an imbalance of power between the individual who bullies and the target. Bullying can be physical, verbal, emotional, social, spiritual, or sexual. Cyberbullying is the use of technology for the same purpose. This includes, and is not limited to, the following:
   1. Substantially interfering with their opportunities, benefits, or programs involving the local church.
   2. Adversely affecting their ability to participate in or to benefit from the programs or activities of the local church by placing the individual in reasonable fear of harm or causing substantial emotional distress.
   3. Having an actual and substantial detrimental effect on their physical, emotional, or financial health.
   4. Causing substantial disruption in, or interference with, the orderly operation of the programs or activities of the local church.
6. **Care Provider:** anyone (including employees, volunteers, lay and clergy) charged with the supervising of children, youth, and vulnerable adults during a local church related function, event or activity. An authorized Care Provider has completed the local church requirements.
7. **DHS:** means the Department of Health and Human Services in the state of Michigan which guards the safety and welfare of children, youth and vulnerable adults.
8. **Event Director:** refers to the person (staff or volunteer) overseeing all personnel and programming at a local church related function, event, or activity.
9. **Event Site:** the location of a function, event, or activity, on or off local church property.
10. **Leader:** anyone responsible for overseeing a specific activity during a function or event
11. **Neglect:** failure to act as a reasonably prudent person would do in the same or similar circumstance. It can include
    1. Failing to prevent an act of abuse or omission of an act that would ensure the health, welfare, and safety of a child, youth, or vulnerable adult.
    2. Negligent treatment, including the failure to provide adequate food, clothing, shelter, health care and protection from abuse.
    3. Placing a child, youth, or vulnerable adult at an unreasonable risk to the health or welfare of that vulnerable adult, child or youth by failure of the parent, legal guardian or any other person responsible for the health or welfare of a child, youth, and vulnerable adult to intervene to eliminate that risk when that person is able to do so, and has or should have knowledge of the risk (see State of Michigan Compiled Laws Act # 238, Public Acts of 1975, 22 Sections 722.622.2d).
12. **Parent or Guardian:** means any parent, step-parent, foster parent, grandparent or appointed guardian who has the general responsibility for the health, education or welfare of a child, youth, or vulnerable adult.
13. **Participants:** Participants are children, youth, or vulnerable adults, as well as all others, who are registered, enrolled, attending, or otherwise participating in an event or activity sponsored by or under the auspices of the local church.
14. **Physical Abuse:** Physical abuse is any non-accidental act or failure to act that results in bodily harm. Physical abuse may result from punishment to a person that is overly punitive or inappropriate to the individual’s age or condition.
15. **Protection Policy Committee:** Committee is the group elected by the local church to oversee the implementation of the local church Protection Policy
16. **Sexual Abuse:** any conduct of a sexual nature which violates or attempts to violate the free choice and consent of another person, and includes any criminal sexual act defined by any federal, state, or municipal law, which includes but is not limited to rape, sexual molestation, sexual battery, aggravated sexual battery, lewd and lascivious behavior, enticement of a child, indecent solicitation of a child, aggravated indecent solicitation of a child, exhibiting sexually explicit material, or indecent liberties with a child, youth, or vulnerable adult.
17. **Sexual Misconduct:** the intentional touch of the intimate parts or the clothing covering the immediate area of the intimate parts of a child, youth or vulnerable adult.
18. **Sexual Exploitation:** means allowing, permitting or encouraging children, youth, or vulnerable adults to engage in prostitution or in the photographing, filming, creating electronic or computer generated images or any other form of depicting a child, youth, or vulnerable adult engaged in actual suggestive sexual conduct (see Michigan Compiled Laws Act # 238, Public Acts of 1975, Section 722.322.2 (1)).
19. **Sexual Explicit Material:** means any printed, electronic or computer generated matter, picture, sculpture or sound recording which can reasonably be construed as being produced for the purpose of stimulating sexual excitement, arousal or gratification.
20. **Sexual Harassment:** Sexual harassment is any sexually related behavior that is unwelcome, offensive, or which fails to respect the rights of others. Sexual harassment includes any unwelcome advance, a request for a sexual favor, and any other verbal, nonverbal, or physical contact of a nature that creates an intimidating, hostile, or offensive environment.
21. **Shall, Should, May:** were carefully chosen terms used in this Policy, giving recognition to their different meanings. “Shall” is to be considered as mandatory, “may” is to be considered permissive, and “should” is to be considered a term of strong encouragement.
22. **Volunteer:** any person receiving no salary or wages for providing any services, care, guidance, assistance or supervision for any children, youth, or vulnerable adults in a local church related function, event or activity.
23. **Vulnerable Adult:** an individual who because of age, developmental disability, mental illness, or physical handicap requires supervision or personal care or lacks the personal and social skills required to live independently.

# Mandated Reporter’s Resource Guide



**Have a hand in protecting children.**

**Mandated Reporters’ Hotline**

Mandated reporters can use this hotline when the Centralized Intake for Abuse & Neglect office has not been adequately responsive to their concerns. The hotline # is 1-877-277-2585. When they make the call, they will be asked for the log number that the local CPS office gave them when they reported suspected child abuse or neglect.

Contact the Children’s Protective Services Program Office with questions at (517) 335-3704

***APPENDIX***

**The Michigan Child Protection Law**

The Michigan Child Protection Law, 1975 PA 238, MCL 722.621 et. seq., requires the reporting of child abuse and neglect by certain persons (called mandated reporters) and permits the reporting of child abuse and neglect by all persons. The Child Protection Law includes the legal requirements for reporting, investigating, and responding to child abuse and neglect. This document is to assist mandated reporters in understanding their responsibilities under the Child Protection Law. For copies of the Child Protection Law, contact the local Department of Health and Human Services (DHS) office or go to http://www.michigan.gov/mdhhs.

**Child’s Disclosure: The Role of Mandated Reporters**

During disclosure, mandated reporters should maintain eye contact and avoid displaying any signs of shock or disapproval. Mandated reporters should only ask open-ended questions that allow the child to freely discuss the incident without being led during the conversation. For example, “How did

you get that bruise?” Again, these discussions should only proceed to the point needed to determine whether a report needs to be made to DHS.

**Reporting Obligations**

The Child Protection Law requires mandated reporters to make an immediate oral report to DHS upon suspecting child abuse and neglect, followed by a written report within 72 hours.

The reporter is not expected to investigate the matter, know the legal definitions of child abuse and neglect, or even know the name of the perpetrator. The Child Protection Law is intended to

make reporting simple and places responsibility for determining appropriate action with the Child Protective Services (CPS) division of the DHS.

Mandated reporters must also notify the head of their organization of the report. Reporting the suspected allegations of child abuse and/or neglect to the head of the organization does not fulfill the requirement to report directly to DHS.

**The Oral Report**

The information in a CPS report needs to be provided by the individual who actually has observed the injuries or had contact with the child regarding the report. Contact the CPS Centralized Intake for Abuse & Neglect at 1-855-444-3911 to make the verbal report.

**The Written Report**

Within 72 hours of making the oral report, mandated reporters must file a written report as required in the Child Protection Law. DHS encourages the use of Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form. Access the form at www.michigan.gov/ mandatedreporter under Resources. Email: DHS-CPS-CIGroup@michigan.gov Or fax: 616-977-1154 or 616-977-1158.

**Confidentiality**

CPS will not disclose the identity of a reporting person.

**Indicators of Child Abuse/Neglect**

Determining when to report situations of suspected child abuse/neglect can be difficult. When in doubt, contact DHS for consultation. Below are some of the commonly accepted physical and behavioral warning signs associated with various forms of child abuse and neglect.

|  |  |  |
| --- | --- | --- |
|  | **Physical Indicators** | **Behavior Indicators** |
| **Physical Abuse** | * Bruises more numerous than expected from explanation of incident. * Unexpected bruises, welts or loop marks in various stages of healing. * Adult/human bite marks. * Bald spots or missing clumps of hair. * Unexplained fractures, skin lacerations, punctures, or abrasions. * Swollen lips and/or chipped teeth. * Linear/parallel marks on cheeks and/or temple area. * Crescent-shaped bruising caused by pinching. * Puncture wounds that resemble distinctive objects. * Bruising behind the ears. | * Self-destructive/self mutilation. * Withdrawn and/or aggressive- behavior extremes. * Uncomfortable/skittish with physical contact. * Arrives at school late. * Expresses fear of being at home. * Chronic runaway (adolescents). * Complains of soreness or moves uncomfortably. * Wears clothing inappropriate to weather to cover body. * Lacks impulse control (e.g., inappropriate outbursts). |

|  |  |  |
| --- | --- | --- |
|  | **Physical Indicators** | **Behavior Indicators** |
| **Physical Neglect** | * Distended stomach, emaciated. * Unattended medical needs. * Lack of supervision. * Consistent signs of hunger, inappropriate dress, poor hygiene. * Sudden or unexplained weight change. | * Regularly displays fatigue or listlessness; falls asleep in class. * Steals, hoards or begs for food. * Reports that no caretaker is at home. |
| **Sexual Abuse** | * Pain or itching in genital area. * Bruises or bleeding in genital area. * Sexually transmitted disease. * Frequent urinary or yeast infections. * Sudden or unexplained weight change. * Pregnancy 12 years or under. | * Withdrawal, chronic depression. * Sexual behaviors or references that are unusual for the child’s age. * Seductive or promiscuous behavior. * Poor self-esteem, self devaluation, lack of confidence. * Suicide attempts. * Hysteria, lack of emotional control. * Habit disorders (sucking, rocking). |

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| **REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT** | | | | | | | | | | | | | | | | | | | | | | | |
| Michigan Department of Human Services | | | | | | | | | | | | | | | | | | | | | | | |
| Was complaint phoned to DHS? | | | | | | | | | | | | | | | | | | | | | | | |
| **□** | | Yes | **□** | No | ⏵ | If yes, Log # | |  | | | ⏵ | If no, contact Centralized Intake (855-444-3911) immediately | | | | | | | | | | | |
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| **INSTRUCTIONS:** REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address list on page 2. | | | | | | | | | | | | | | | | | | | | 1. Date | | | |
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| 2. List of child(ren) suspected of being abused or neglected (Attach additional sheets if necessary) | | | | | | | | | | | | | | | | |  | | | | | | |
| **NAME** | | | | | | | | | | **BIRTH DATE** | | | | **SOCIAL SECURITY #** | | | | | **SEX** | | | **RACE** | |
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| 3. Mother’s name | | | | | | | | | |  | | | |  | | | | |  | | |  | |
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| 4. Father’s name | | | | | | | | | |  | | | |  | | | | |  | | |  | |
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| 5. Child(ren)’s address (No. & Street) | | | | | | | | | | 6. City | | | | 7. County | | | | | 8. Phone No. | | | | |
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| 9. Name of alleged perpetrator of abuse or neglect | | | | | | | | | | 10. Relationship to child(ren) | | | | | | | | | | | | | |
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| 11. Person(s) the child(ren) living with when abuse/neglect occurred | | | | | | | | | | 12. Address, City & Zip Code where abuse/neglect occurred | | | | | | | | | | | | | |
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| 13. Describe injury or conditions and reason for suspicion of abuse or neglect | | | | | | | | | | | | | | | | | | | | | | | |
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| 14. Source of Complaint (Add reporter code below) | | | | | | | | | |  | | | | | | | | | | | | | |
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| 01 Private Physician/Physician’s Assistant | | | | | | | 13 School Administrator | | | | | | | | 45 Private Agency Social Worker | | | | | | | | |
| 02 Hosp/Clinic Physician/Physician’s Assistant | | | | | | | 14 School Counselor | | | | | | | | 46 Court Social Worker | | | | | | | | |
| 03 Coroner/Medical Examiner | | | | | | | 21 Law Enforcement | | | | | | | | 47 Other Social Worker | | | | | | | | |
| 04 Dentist/Register Dental Hygienist | | | | | | | 22 Domestic Violence Providers | | | | | | | | 48 FIS/ES Worker/Supervisor | | | | | | | | |
| 05 Audiologist | | | | | | | 23 Friend of the Court | | | | | | | | 49 Social Services Specialist/Manager (CPS, FC, etc.) | | | | | | | | |
| 06 Nurse (Not School) | | | | | | | 25 Clergy | | | | | | | | 51 Hospital/Clinic Personnel | | | | | | | | |
| 07 Paramedic/EMT | | | | | | | 31 Child Care Provider | | | | | | | | 52 DHS Facility Personnel | | | | | | | | |
| 08 Psychologist | | | | | | | 41 Hospital/Clinic Social Worker | | | | | | | | 53 DMH Facility Personnel | | | | | | | | |
| 09 Marriage/Family Therapist | | | | | | | 42 DHS Facility Social Worker | | | | | | | | 54 Other Public Social Agency Personnel | | | | | | | | |
| 10 Licensed Counselor | | | | | | | 43 DMH Facility Social Worker | | | | | | | | 55 Private Social Agency Personnel | | | | | | | | |
| 11 School Nurse | | | | | | | 44 Other Public Social Worker | | | | | | | | 56 Court Personnel | | | | | | | | |
| 12 Teacher | | | | | | |  | | | | | | | |  | | | | | | | | |
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| 15. Reporting person’s name | | | | | | | | | Report Code (see above) | 15a. Name of reporting organization (school, hospital, etc.) | | | | | | | | | | | | | |
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| 15b. Address (No. & Street) | | | | | | | | | | 15c. City | | | | | | 15d. State | | 15e. Zip Code | | | 15f. Phone No. | | |
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| 16. Reporting person’s name | | | | | | | | | Report Code (see above) | 16a. Name of reporting organization (school, hospital, etc.) | | | | | | | | | | | | | |
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| 16b. Address (No. & Street) | | | | | | | | | | 16c. City | | | | | | 16d. State | | 16e. Zip Code | | | 16f. Phone No. | | |
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| 17. Reporting person’s name | | | | | | | | | Report Code (see above) | 17a. Name of reporting organization (school, hospital, etc.) | | | | | | | | | | | | | |
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| 17b. Address (No. & Street) | | | | | | | | | | 17c. City | | | | | | 17d. State | | 17e. Zip Code | | | 17f. Phone No. | | |
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| 18. Reporting person’s name | | | | | | | | | Report Code (see above) | 18a. Name of reporting organization (school, hospital, etc.) | | | | | | | | | | | | | |
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| 18b. Address (No. & Street) | | | | | | | | | | 18c. City | | | | | | 18d. State | | 18e. Zip Code | | | 18f. Phone No. | | |
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| 19. Reporting person’s name | | | | | | | | | Report Code (see above) | 19a. Name of reporting organization (school, hospital, etc.) | | | | | | | | | | | | | |
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| 19b. Address (No. & Street) | | | | | | | | | | 19c. City | | | | | | 19d. State | | 19e. Zip Code | | | 19f. Phone No. | | |
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| **TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE** | | | | | | | | | | |
| 20. Summary report and conclusions of physical examination (Attach Medical Documentation) | | | | | | | | | | |
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| 21. Laboratory report | | | | 22. X-Ray | | | | | | |
|  | | | |  | | | | | | |
| 23. Other (specify) | | | | 24. History or physical signs of previous abuse/neglect | | | | | | |
|  | | | | **□** | | YES | | **□** | NO | |
| 25. Prior hospitalization or medical examination for this child | |  | | | | | | | | |
| DATES | | | PLACES | | | | | | | |
|  | | |  | | | | | | | |
|  | | |  | | | | | | | |
| 26. Physician’s Signature | | | 27. Date | | 28. Hospital (if applicable) | | | | | |
| Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. | | | | | | | AUTHORITY: P.A. 238 of 1975.  COMPLETION: Mandatory.  PENALTY: None. | | | |
| **INSTRUCTIONS** | | | | | | | | | | |
| GENERAL INFORMATION:  This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to Centralized Intake for Abuse & Neglect. Indicate if this report was phoned into DHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-19. Only medical personnel should complete items 20-28.  Mail this form to:  Centralized Intake for Abuse & Neglect  5321 28th Street Court S.E.  Grand Rapids, MI 49546  OR  Fax this form to 616-977-1154 or 616-977-1158  Or email this form to DHS-CPS-CIGroup@michigan.gov   1. Date – Enter the date the form is being completed. 2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation. 3. Mother’s name – Enter mother’s name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation. 4. Father’s name – Enter father’s name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.   5.-7. Child(ren)’s address – Enter the address of the child(ren).   1. Phone – Enter phone number of the household where child(ren) resides. 2. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect. 3. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter. 4. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individuals have a disability that may need accommodation. 5. Address where abuse / neglect occurred. 6. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect. 7. Source of complaint – Check appropriate box noting professional group or appropriate category.   **Note:** If abuse or neglect is suspected in a hospital, also check hospital.  **DHS Facility** – Refers to any group home, shelter home, halfway house or institution operated by the Department of Human Services.  **DCH Facility** – Refers to any institution or facility operated by the Department of Community Health.  15.-19 - Reporting person’s name - Enter the name and address of person(s) reporting this matter. | | | | | | | | | | |

# A United Methodist Approach to the Christian Life

**SCRIPTURE**

**Reason**

**Experience**

THE HOLY SPIRIT MOVES THROUGH THIS WESLEYAN APPROACH

TO DISCERNING WHAT WE BELIEVE.

*Think of the Quadrilateral as a wind chime. All the separate pieces make it work. A certain kind of balance exists between the various parts, which make a beautiful sound when working together.*

**Scripture** is the primary source for our decision making as Christians. How we understand and apply it to daily living may depend on various factors, including the three named above.

**Tradition** includes those resources and insights from those who have gone before us. Our faith is shaped by tradition, as well as our denominational affiliations.

**Experience** is what we have learned from our own lives and observations. It has to do with our own sense of God’s nearness and work in our lives.

**Reason** allows for logic, the use of our intellect, and discovery.

All are moved by *The Holy Spirit*, which is active in our lives and in the lives of all believers. The Spirit guides, instructs, empowers, and inspires us as we love God with our whole heart, and soul, and strength.

**Tips for Working with Those with Attention Deficits**

* Keep instructions simple.
* Talk positively: describe the behavior you want.
* Make sure attention is given before instructions are.
* Extra help may be needed when it comes to organization.
* Routines which are consistent and easy to follow work best.
* Consistency with discipline is important.
* Be aware of noise and distractions when it is quiet time or time to listen.
* Plan enough time for various tasks; rushing is especially difficult.
* Use “descriptive” praise; let them know what they have done and how you feel.
* Ease social settings so success is more likely.
* Instructions or demonstrations which use many senses are helpful.
* Sequences/routine help someone know what is coming next.
* A quiet place will help someone cool down/off.
* Notice appropriate behavior.
* Keep your sense of humor.
* Keep your voice down and your anger controlled.
* Children with ADD are accident prone. Help them appropriately touch things.
* Children with ADD are often impulsive. Help them to wait for their turn.
* Limit the number of decisions they have to make.

**Tips for Working with Those with Autism**

* Frustration can lead to tantrums. Be aware of what causes the frustration.
* Try to follow a routine, as knowing what comes next is helpful.
* Be sure to check with parents/guardians about the following:
  + How does your child handle change from their routine?
  + How do you support them?
  + What are your child’s communication styles?
  + What information about sensory awareness might be helpful?
  + Are there foods or special textures your child will/will not eat?
  + What does your child do when frustrated?
  + How does your child communicate?
* Be aware of medication needs.
* Social stories can help when moving from one activity to another.

**Tips for Working with Those with Alzheimer’s**

* Choose simple words and short sentences and use a gentle, calm tone of voice.
* Avoid talking to the person with Alzheimer's like a baby. Try to frame questions and instructions in a positive way.
* Minimize distractions and noise to help the person focus on what you are saying.
* Make eye contact and call the person by name, making sure you have their attention before speaking.
* Allow enough time for a response. Be careful not to interrupt. If the person is struggling to find a word or communicate a thought, gently try to provide the word they are looking for.

# 40 Developmental Assets® for Adolescents (ages 12-18)

Search Institute® has identified the following building blocks of healthy development—known as

**Developmental Assets®**—that help young people grow up healthy, caring, and responsible

|  |  |
| --- | --- |
| EXTERNAL ASSETS | **Support**   1. **Family support—**Family life provides high levels of love and support. 2. **Positive family communication—**Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents. 3. **Other adult relationships—**Young person receives support from three or more nonparent adults. 4. **Caring neighborhood—**Young person experiences caring neighbors. 5. **Caring school climate—**School provides a caring, encouraging environment. 6. **Parent involvement in schooling—**Parent(s) are actively involved in helping young person succeed in school.   **Empowerment**   1. **Community values youth—**Young person perceives that adults in the community value youth. 2. **Youth as resources—**Young people are given useful roles in the community. 3. **Service to others**—Young person serves in the community one hour or more per week. 4. **Safety**—Young person feels safe at home, school, and in the neighborhood.   **Boundaries & Expectations**   1. **Family boundaries—**Family has clear rules and consequences and monitors the young person’s whereabouts. 2. **School Boundaries—**School provides clear rules and consequences. 3. **Neighborhood boundaries—**Neighbors take responsibility for monitoring young people’s behavior. 4. **Adult role models—**Parent(s) and other adults model positive, responsible behavior. 5. **Positive peer influence—**Young person’s best friends model responsible behavior. 6. **High Expectations—**Both parent(s) and teachers encourage the young person to do well.   **Constructive Use of Time**   1. **Creative activities—**Young person spends three or more hrs per week in lessons / practice in music, theater, or other arts. 2. **Youth programs—**Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community. 3. **Religious community—**Young person spends one or more hours per week in activities in a religious institution. 4. **Time at home—**Young person is out with friends “with nothing special to do” two or fewer nights per week. |

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| INTERNAL ASSETS | **Commitment to Learning**   1. **Achievement Motivation—**Young person is motivated to do well in school. 2. **School Engagement—**Young person is actively engaged in learning. 3. **Homework—**Young person reports doing at least one hour of homework every school day. 4. **Bonding to school—**Young person cares about her or his school. 5. **Reading for Pleasure—**Young person reads for pleasure three or more hours per week.   **Positive Values**   1. **Caring—**Young person places high value on helping other people. 2. **Equality and social justice—**Young person places high value on promoting equality, reducing hunger and poverty. 3. **Integrity—**Young person acts on convictions and stands up for her or his beliefs. 4. **Honesty—**Young person “tells the truth even when it is not easy.” 5. **Responsibility—**Young person accepts and takes personal responsibility. 6. **Restraint—**Young person believes it is important not to be sexually active or to use alcohol or other drugs.   **Social Competencies**   1. **Planning and decision making—**Young person knows how to plan ahead and make choices. 2. **Interpersonal Competence—**Young person has empathy, sensitivity, and friendship skills. 3. **Cultural Competence—**Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds. 4. **Resistance skills—**Young person can resist negative peer pressure and dangerous situations. 5. **Peaceful conflict resolution—**Young person seeks to resolve conflict nonviolently.   **Positive Identity**   1. **Personal power—**Young person feels he or she has control over “things that happen to me”. 2. **Self-esteem—**Young person reports having a high self-esteem. 3. **Sense of purpose—**Young person reports that “my life has a purpose”. 4. **Positive view of personal future—**Young person is optimistic about her or his personal future.   This page may be reproduced for educational, noncommercial uses only.  Copyright © 1997, 2006 by Search Institute www.search-institute.org |

# Bullying / Cyberbullying

**Bullying**

The effects of bullying can be very serious. According to the Center for Disease Control – 2014, 6% of high school students in the US report being bullied at school in the past year. Another 14.8% of high school students reported being bullied online. Research shows bullying is associated with depression, social anxiety, decreased self-esteem, anger, sadness, paranoia, stress-related health problems, and decline in school work productivity. These symptoms are especially tragic when the bullying is perceived to be prompted by racial, ethnic, or sexual preference intolerance. A recent study reports that nearly 90% of middle school students polled reported regularly hearing anti-LGBTQ slurs by their peers and over half report similar comments made by school staff.

In extreme cases of bullying, victims feel compelled to take drastic measures, such as carrying weapons for protection, seeking violent revenge, or even considering suicide.

For the young aggressor, bullying often leads to greater and prolonged violence throughout life. Bullies are more likely to become abusive spouses or parents and to engage in criminal activities as adults.

Because we live in a multi-cultural world, care must be taken to avoid saying or doing things that are offensive to others. The best solution is not to engage in any form of name calling or put-downs, hand gestures etc.

Warning signs of bullying:

* Has the child ever been accused of being a bully?
* Has the child gotten into trouble for fighting with other children?
* Does the child become easily frustrated when he/she does not get his/her way?
* Is the child dominant or aggressive?
* What does the child do in his/her spare time?
* Does the child participate in name calling, calling others “stupid” or other negative terms?

Warning signs of victimization:

* Does the child fear going to school or church?
* Have you noticed bruises on the child?
* Does the child have friends?
* Does the child seem unhappy or insecure?
* Does the child seem to have low self-esteem or self-confidence?
* Does the child have difficulty being assertive?

Remember we are not to seek out bullying or bullies, but to notice behavior that may lead to bullying.

Bullying will not be tolerated at church activities or events. In cases where bullying is observed at these events, it should be reported to the event director. Consequences for such behavior will vary in method and severity according to the nature of the behavior, cultural situation and the developmental age of the bully.

**Social Networks and Cyberbullying**

With the coming of Facebook, Twitter, Instagram, WhatsApp, Snapchat and many more social media outlets, we have put ourselves and children at risk. There are security measures in place to help keep you safe, but bullying on the internet has become common. When someone posts to your wall an ugly or nasty comment, and then others join in and do the same, this is an example of cyberbullying.

Steps to prevent Cyberbullying:

* Be a good “Internet Citizen” – Respect the rights and feelings of others in cyberspace by being polite and displaying good manners online.
  + Don’t attack others online.
  + Don’t forward other people’s emails without their permission to share their personal information.
  + Don’t forward emails or messages that are mean or that spread rumors.
* Think before you send – whatever you send can be made public very quickly and could stay online forever.
  + Don’t post or send information that others could use against you.
  + Don’t send out messages when you are angry.
* Keep your personal information to yourself.
  + Do not type your name, address, or phone number online.
  + Do not share passwords with friends – EVER.
  + Only give your cell number or personal website address to trusted friends.
* Keep photos off the internet.
  + Post photos rarely – Only post head shots of yourself. This lessens the chance of photos being changed.
  + Do not send a picture of yourself to anyone.
* Practice good internet safety.
* Change passwords frequently.
* Only respond to emails or instant messages from people you know (or from addresses you know).
* If something inappropriate appears, turn off the screen and tell a trusted adult.
* Friends don’t hide who they are.
* Only “friend” people you actually know. Do not “friend” individuals simply to have more “friends” than others.
* Be wary of the people you meet online because many people hide their true identities by lying about their age, gender, and intentions.
* Open and in “light of day” with regard to cyberspace.
  + Don’t write anything to a youth that you would not want their parents to see.
  + Don’t write personal information.
  + Consider sending a copy of the email to the parent or another adult. Remember that what you write or text is there forever, including pictures.

**What To Do If You Have Been Attacked**

* Ignore – repeated or persistent unknown messages and requests for chats.
  + Don’t open emails or messages from someone you know is gossiping or saying mean things about others.

**What To Do If You Have Been Attacked [Cont.]**

* Block – Learn how to block or report someone who is behaving badly or who is bullying.
* Save the evidence – learn how to keep records of offending messages and pictures.
  + Show the message to an adult you trust, like a parent or teacher.
* Keep asking – if the first adult you tell doesn’t help, you should keep telling until someone does.
* Don’t meet – Never arrange to meet someone who is bullying you online.
* Don’t retaliate or reply!

If the cyber bully is still bothering you even after you have tried the previous things, you should do the following:

* Report the cyber bully to the local police.

For more information on cyberbullying and internet safety you may visit the following sites:

www.cyberbullying.org

www.stopbullying.gov

www.nobullying.com

www.endcyberbullying.net

# Sample Nursery Guidelines and Considerations

**Caring for young children and babies in the Church Nursery**

There are Federal, State, County, Local and Insurance carrier requirements regarding care of babies, toddlers, and preschool age children. Ignorance of these rules and regulations makes your church nursery both unsafe for children of all ages and at risk for legal liability.

These rules and regulations may be different if the person(s) caring for the children is being paid (compensation) either as an employee or by the parents directly. Typically, the requirements are stricter if the care giver is being paid.

In addition to the children, the only persons permitted in the nursery are the parents as they drop off or pick up children and the care givers who have been authorized. A parent may stay or come and go, but may care for their child only. Siblings who are not within the age range of the nursery are not permitted to stay in the nursery.

Requirements:

1. Sign in and sign out procedure – if someone other than the parent who dropped off the child will pick them up, this must be written on the sign-in and out form. At no time, can a big sister or brother pick up a child from the nursery.
2. Child registration form or information form to be completed by parent or guardian before parent leaves child – must include: allergies, needed medical info, diapering/toilet info, feeding info, parent labeling child’s belongings such as pacifier, blanket, stuffed animal, etc. There must be a place for parents to give individual instructions.
3. No sick children can be left in the nursery – Some nurseries take temperatures, require doctor’s notes after an illness, and more. You must establish nursery policies regarding skin rashes, runny noses, coughs, allergies, etc.
4. All items left in nursery that belong to a child must be labeled with child’s name – Placing the child’s name on their back with masking tape is also a good idea. Especially if you have several children around the same age.
5. Method of contacting parent must be established – Some churches have paging systems, others use the vibrate mode on cell phones. But some system must be in place. If parent will be more than a few minutes away, consider that the registration/information form may need to have a signed statement of release allowing you to contact medical emergency help.
6. Use of universal precautions and sanitizing procedures – you must protect the child care worker (gloves for changing diapers and touching bodily fluids) and you must protect the children through sanitizing the room, toys, and all surfaces.
7. Cribs – The federal government deadline of December 28, 2012 has passed. Your cribs must be in compliance with federal safety standards. You cannot even donate or give away non-compliant cribs. They must be destroyed. You cannot even place a screw in the side bars of old cribs to lock them in place. Cribs must pass new strength tests and be manufactured after June 28, 2011. Suggestion: if babies will be in the nursery for short periods, less than 2 hours, they can sleep in their car seats. Day care laws require that infants and toddlers be able to lie down in a crib if they will be in the day care facility for more than 2 to 3 hours, but this is different state to state and county to county so check it out. Typically, church nurseries are not day care facilities, so you do not have to comply with day care laws.
8. Toy safety – Toys are made for certain age groups of children and are safe for that age group. Recalls are constantly being placed on toys. You must keep informed about recalls, ignorance does not protect the child or you from liability. Your church can be sued if a crawling baby chokes on a toy that is small, and designed for children at least 4 years old.

**Sample Nursery Guidelines and Considerations [Cont.]**

Age group definitions in Michigan (Michigan Department of Health and Human Services)

Baby (infant) – age 1 day to 12 months (1 year)

Pre-Toddler – age 12 months to 24 months

Toddler – 2-3 years

Pre-school – 3 to 5 years

There are different requirements for children in these age groupings. Toys that are designed for preschoolers cannot be shared with toddlers or babies. Areas where children of these age groupings can safely play and be cared for must be distinguished. However, there may be one toileting area, hand/toy washing area for all of these age groupings.

Also consider, square foot requirements. The State has minimum square footage requirements based on age groupings.

The State also has minimum child care worker requirements for numbers of children by age grouping.

The State of Michigan requires that when there is a mixed age group of children under age 5, you must use the requirements for the youngest age child in the area.

**Sanitizing:** Every surface and every toy must be sanitized in the church nursery. Every time a child places a toy near or in their mouth, it must go into a bucket to be sanitized. Every time a child spits up, sneezes on, gets any bodily fluid on a surface of any kind, it must be sanitized. A schedule for cleaning nurseries should be created and it should be recorded, and kept in the nursery. An established plan for continuous sanitizing of toys and items that come in contact with bodily fluids must be in place. Parents may ask for this information. Not only can this become a legal liability for the church but also parents will not leave children in a nursery where toys are not clean and arranged by age grouping.

**Discipline:** A church nursery is a special place. It should be attractive and warm. Hopefully, children will want to come to the church nursery. Children can all learn that God loves them, and that Jesus teaches them to love and care for one another. Discipline policies must be established. It is never okay to hit a child. When a child is doing something they should not be doing, distract them, take the toy away, pick them up and move them. Do something to keep all the children safe and happy. Yes, you will have crying and tears in church nurseries. Plan an activity or song to deal with specific situations.

**Other rules set up by your nursery staff and parents**:

Every space needs to have its own rules and policies. For example, some nurseries require all shoes removed before you enter the nursery so as not to track anything into the nursery. Some nurseries require parents to bring their own diaper wipes and diapers/pull-ups while some nurseries provide everything needed. If a child will be in the nursery longer than 1 hour, refrigeration of formula and baby bottles is required. Some nurseries have small fridges and others need to make policies on storing and retrieving refrigerated items. It is always good to have a small freezer to keep ice for injuries. First aid policies must be established by each nursery.

**Sample Nursery Guidelines and Considerations [Cont.]**

**Accidents:** They will happen with young children. When you are learning to walk, you fall down. Use ice to treat most injuries but have band-aids and other emergency necessities available. Record all injuries on paper and tell parents about every injury, and the treatment you provided for that injury. Include how it happened, how the child reacted, what you did about it, and after the parent leaves, record how the parent reacted to your report of the fall or injury. This documentation should be given to the director of the church event.

Recommended Resources:

See: http://www.faithformationlearningexchange.net/uploads/5/2/4/6/5246709/creating\_a\_high\_quality\_church\_nursery.pdf

http://www.flumc.org/mp/pdf/the\_church\_nursery.pdf

https://www.churchpublishing.org/media/custom/INFormation/TheChurchNursery.pdf

http://www.umc.org/what-we-believe/child-care-and-the-church

http://www.awfumc.org/files/old\_files\_library/CUMC\_Nursery\_Guidelines.pdf

http://www.michigan.gov/lara/0,4601,7-154-63294\_5529\_49572\_50051---,00.html

https://www.michigan.gov/documents/dhs/Child\_Care\_Center\_Rules\_419095\_7.pdf

https://www.cdc.gov/healthywater/pdf/hygiene/diapering-procedures-childcare-508c.pdf

# Helpful Websites

**Michigan Conference of the United Methodist Church**

https://michiganumc.org/resources/conference-administration/protection-policy/

This website contains links to information about protection policy, trainings, and additional resources.

**Michigan Department of Human Services**

michigan.gov/mdhhs

In the menu, go to the “Adult & Children’s Services” tab. Under “Abuse & Neglect”, select the “Forms & Publications” item in the sub-menu. Here you will find a host of information, including the following documents: DHS 3200 reporting form; DHS 3 Child Protection Law; DHS 112 Mandated Reporters Resource Guide; DHS 1929 Central Registry Clearance Request form.

**Michigan State Police**

michigan.gov/msp

In the menu, go to the “Services” tab. Here you can find access to the Sex Offender Registry, and the Criminal Records History links. The latter provides information and a tutorial on how to access and use the Internet Criminal History Access Tool (ICHAT) for criminal background checks.

**United Methodist Church 501(c)(3) Group Ruling Website**

www.umcgroupruling.org

This website will be helpful to churches seeking to utilize ICHAT to conduct criminal background screenings. It allows local churches to obtain documentation of inclusion in the United Methodist Church’s Denominational 501(c)(3) group ruling. With this documentation, churches qualify for free use of the ICHAT service.

**National Sex Offender Public Website**

www.nsopw.gov

In the menu, go to the “Search” tab to check names of potential workers with children, youth, and vulnerable adults. This is a database of registered sex offenders from all 50 states and territories.

**Church Mutual Insurance Company**

www.churchmutual.com

Use the search bar, and type in “child and youth sexual abuse” for information on this topic. Church Mutual specializes in insuring faith communities and places of worship. Some of their videos and brochures are used in the Michigan Conference Protection Policy training including those titled “Safety Tips on a Sensitive Subject: Child Sexual Abuse”.

**Brotherhood Mutual Insurance Company**

www.brotherhoodmutual.com

In the menu, go to the “Resources” tab. Here you can find “Child Safety” information. The website also contains useful resources for developing an abuse prevention policy for the local church.

**United Methodist Insurance**

www.uminsure.org

Go to the menu on the left side of the page. Select the “Protecting Your People” tab. This site may be useful to churches seeking to create their own abuse prevention policy.

**Safe Sanctuary Information for Local Church Abuse Prevention Policies**

www.umcdiscipleship.org/leadership-resources/safe-sanctuaries

This is the official United Methodist Church Discipleship Ministries website for Safe Sanctuaries information, resources, and sample policies to aid “… local congregations in making safe places where children, youth, and elders may experience the abiding love of God and fellowship within the community of faith.”

**The Search Institute**

www.search-institute.org

Search Institute® has been a leader and partner assisting organizations around the world in discovering what kids need to succeed. Their research, resources, and expertise help organizations, schools, and community coalitions solve critical challenges in the lives of young people. They focus on three critical areas: Developmental Assets, Developmental Relationships, & Developmental Communities.

**Autism Speaks**

www.autismspeaks.org

This, website has many useful resources, particularly under the “Family & Adults tab”.

**National Institute on Aging Alzheimer’s Disease Education and Resource Center**

www.nih.gov

This is a Federal government website. In the menu, select “List of NIH Institutes”. Go to “NIA”, the site on aging. From there, you can use the “Health Information” tab in the menu to find the topic “Alzheimer's Disease & Related Dementias”.

**Chuck Knows Church**

https://chuckknowschurch.com/archive/81wesleyan-quadrilateral

This video, developed by UMDiscipleship.org will help provide a theological framework to assist individuals and local churches working with abuse prevention polices to evaluate the necessity and theological imperative of protecting the vulnerable persons to whom we minister.





# Safe Sanctuaries – Inclusiveness and Hospitality

Jesus said, “Whoever welcomes one such child in my name, welcomes me” (Matthew 18.5). Children and youth are full participants in the life of the church and in the realm of God. -Social Principles, ¶162C Book of Discipline of The UMC -Resolution #3084 Book of Resolutions of The UMC

Our faith calls us to offer hospitality and protection to all children and youth as well as to those who are committed to ministry with them as volunteers and employees. True hospitality means that we are to be inclusive of all children and youth. This process is constantly changing and evolving. Currently, there are a few considerations that we have found useful in making decisions around hospitality and LGBTQ youth:

* Make no assumptions about a young person’s sexual orientation or identity.
* Educate yourself and train your staff on proper use of terminology. (www.itspronouncedmetro sexual.com)
* Be intentional about creating a safe environment and culture by awareness and training around homophobic language and bullying.
* Create a policy or behavior covenant that all are aware of and commit to uphold.

**Restrooms**

Everyday actions such as using the bathroom are complicated and often dangerous for transgender and gender nonconforming people, because our world usually offers only two options: “male” and “female.” Consider whether your facility’s restrooms must be genderspecific or whether one could be made available to everyone. This need not be complicated; covering the “men” or “women” sign with an “all-gender restroom” sign is sufficient. Remember to do this for temporary, shared, or rental facilities also. You might also want to have private restrooms available as an option for the changing of clothes.

**Housing**

Ensuring comfortable housing for LGBTQ youth is often a challenge for overnight camps that have traditional “all male” and “all female” bunks or cabins. There is rarely a single solution that meets the needs of every situation. However, it is crucial that open and frank discussions take place, so that all participants involved will feel comfortable.

**Here are a few suggestions based upon different situations you might encounter:**

There is not a “one-size-fits-all” housing policy for transgender or gender nonconforming youth. It is vitally important to communicate openly with the youth about their needs and desires to create the best solution. Some transgender youth may feel more comfortable housing with the gender that correlates with their full-time presentation and identity; others, with their biological sex. Some may want to room with a few select friends and some, if given the option, may prefer their own room. Also, some flexibility and accommodation choices can be made easier if hotel-type rooms are available and the youth can choose their roommates. Again, it is important to work with the youth to create a reasonable accommodation that best suits everyone.

There is absolutely no reason why a LGBTQ youth shouldn’t bunk with straight-identified peers. The primary concern in this situation is the possibility for bullying and harassment. Counselors and chaperones should be trained to identify and deal with bullying and harassment, and they should seek support from youth directors and/or administration if bullying or harassment persists. Education of parents is also important. Your tolerance policy should be shared; questions should be addressed; and resources should be provided.

See www.kidsinthehouse.com.

# Background Check Resources

A background check should be completed for any adult seeking to work with children or youth in the local church.

You should provide a form to gather the following information from any applicant: Name (including aliases or maiden name), date of birth, race/ethnicity and sex. You may also ask for: addresses in the last 10 years, Drivers License number and Social Security number. Once you have run a background check these forms should be shredded.

**ICHAT**

[www.michigan.gov/ichat](http://www.michigan.gov/ichat)

This free background check is used by many churches and the Conference. IChat will only show results of arrests, incidents or convictions in the state of Michigan. If you are reviewing a person that has lived in other states recently you might consider another option.

ICHAT Coordinator at 517-241-0866

**Backgroundchecks.com**

[www.Backgroundchecks.com](http://www.backgroundchecks.com/)

This is a more comprehensive report and your cost depends on how many checks you are doing. Results can come from all 50 states and include information from multiple databases. On this website, you would enter information you collected from a potential volunteer and the results are returned instantly or within 2-3 days (depending on the type of background check and fee).

**Verfied Volunteers**

[www.verifiedvolunteers.com](http://www.verifiedvolunteers.com/)

This is a completely online background check. It is not free, your cost depends on how in depth of a search you want to do and starts at $10. With this website, you provide your potential volunteer with a link and they complete forms online and the results are sent within 24 hours.

**Your Insurance Company**

Your church’s insurance company. Frequently insurance companies will offer background checks at a competitive rate.

As always, our Conference staff and Protection Policy Team are here to help you in this process. Do not hesitate to be in touch with Kathy Pittenger (kpittenger@michiganumc.org) in Children's Ministry, Bridget Nelson ([bnelson@michiganumc.org](mailto:bnelson@michiganumc.org)) in Youth Ministry or Aritha Davis ([adavis@michiganumc.org](mailto:adavis@michiganumc.org)), Administrator to the Protection Policy Team.

# Sample Forms for Local Churches

* Sample Consent, Release and Liability Waiver Form
* Volunteer Application Form
* Church History & Volunteer Work Form
* Personal Information & Background Check Form
* Reference Forms

**SAMPLE UNITED METHODIST CHURCH**

**CONSENT, RELEASE, AND WAIVER AGREEMENT**

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

Event Name Event Location Event Date(s)

For participation in the Sample United Methodist Church (SUMC) Event identified above, I, the parent or legal guardian of the participant identified below (Participant), release, discharge, and agree to hold harmless SUMC and any local church, camp, or other organization that hosts the Event (including their directors, teachers, employees, and volunteers) (collectively SUMC) from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by me and/or the Participant that occur while participating in the Event.

I recognize the element of risk involved in this Event. I assume all risk of personal injury, sickness, death, property damage, and expense as a result of participation in the Event.

I understand that the failure to observe and obey the instructions, rules, regulations, and discipline of SUMC will be cause for immediate dismissal from the Event.

I grant permission for the Participant to participate fully in the Event sponsored by SUMC. In the event of a medical emergency, I give permission for SUMC to take the Participant to a doctor or hospital and authorize medical treatment, including emergency surgery, and I assume the responsibility for all medical bills, if any.

SUMC provides or arranges for the facilities and other equipment for this Event. Damages to property due to willful, negligent, or careless conduct by the Participant shall be my responsibility.

I give my consent for any pictures taken of Participant at the Event to be shared in any future publication (including on the website and social media pages) of SUMC or any UMC entity so long as it does not include my child’s name or personal information.

PARTICIPANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read this Consent, Release, and Waiver Agreement fully, and understand its terms and sign it freely and voluntarily.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAMPLE United Methodist Church**

**Application To Work With Children, Youth And / Or Vulnerable Adults**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information form is to be completed by each person who wants to become authorized or re-authorized to work with children, youth, and/or vulnerable adults. This is not an employment application. This form will be used to help the Sample United Methodist Church to provide a safe and secure environment for those children, youth and vulnerable adults who participate in its events, programs or activities.

**PLEASE USE INK, PRINT CLEARLY**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Disclosure Information (Please circle the appropriate responses throughout):

1. Have you ever been treated for mental health issues? (Yes or No)
2. Have you ever had an addiction to drugs, alcohol or pornography; or has anyone ever suggested that you may have a problem with any of the above? (Yes or No)
3. Do you abuse alcohol or use illegal drugs? (Yes or No)
4. Have you ever been convicted of the possession, use or sale of drugs? (Yes or No)
5. Have you ever been charged or convicted of child neglect, abuse or molestation or committed such an act? (Yes or No)
6. Have you ever been convicted or pled guilty to a crime? (Yes or No)
7. Have you ever been exposed to an incident of child abuse or neglect? (Yes or No)

If you answered yes to any of the above questions, please explain here or on a separate sheet.

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**To the best of my knowledge, the information above is correct.**

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

Signature

**Please send this application to: Sample United Methodist Church –**

**1234 Main St. Lansing, MI 48906 - Thank you!**

**Sample United Methodist Church**

**Application To Work With Children, Youth And / Or Vulnerable Adults**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information form is to be completed by each person who wants to become authorized to work with children, youth, and/or vulnerable adults. This is not an employment application. This form will be used to help the Sample United Methodist Church provide a safe and secure environment for those children, youth and vulnerable adults who participate in its events, programs or activities.

**PLEASE USE INK, PRINT CLEARLY**

**If applicant is under the age of 18 at the time of application, parental or legal guardian permission is required by way of signature below.**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Disclosure Information (Please circle the appropriate response throughout):

1. Have you ever been treated for mental health issues? (Yes or No)
2. Have you ever had an addiction to drugs, alcohol or pornography; or has anyone ever suggested that you may have a problem with any of the above? (Yes or No)
3. Do you abuse alcohol or use illegal drugs? (Yes or No)
4. Have you ever been convicted of the possession, use or sale of drugs? (Yes or No)
5. Have you ever been charged or convicted of child neglect, abuse or molestation or committed such an act? (Yes or No)
6. Have you ever been convicted or pled guilty to a crime? (Yes or No)
7. Have you ever been exposed to an incident of child abuse or neglect? (Yes or No)

If you answered yes to any of the above questions, please explain here or on a separate sheet.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**To the best of my knowledge the information above is correct:**

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Parent / Guardian Name Parent / Guardian Signature

**Please send this application to: Sample United Methodist Church –**

**1234 Main St. Lansing, MI 48906 - Thank you!**

**Sample United Methodist Church Protection Policy**

**Church History and Prior Volunteer Work Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE USE INK, PRINT CLEARLY**

**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you been attending Sample UMC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. List the church ministries that you currently participate in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? (Circle one answer) Yes / No
2. Please list the names and addresses of each church that you regularly attended during the last 5 years.

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

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1. Describe your previous Church work with children, youth and vulnerable adults, including name of church and dates.

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1. Describe your previous non-church work with children, youth and vulnerable adults, including organization and dates.

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1. List gifts, trainings, or other factors that have prepared you for work with children, youth or vulnerable adults.

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1. Please check all areas in which you would be willing to serve at SUMC:

\_\_\_\_\_\_\_\_\_\_ Nursery \_\_\_\_\_\_\_\_\_\_ Children \_\_\_\_\_\_\_\_\_\_ Youth \_\_\_\_\_\_\_\_\_\_\_ Vulnerable Adults

**Please send this application to: Sample United Methodist Church –**

**1234 Main St. Lansing, MI 48906. Thank you!**

**Sample United Methodist Church Protection Policy**

**Personal Information / Background Check Authorization**

**PLEASE USE INK, PRINT CLEARLY**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The information contained in this 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 anyone contacted to give you any information, including opinions, regarding my character and fitness for work with children, youth and vulnerable adults. 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 any right that I may have to inspect any information provided about me by any persons or organization identified by me in this document.

I agree to be bound to the Sample United Methodist Church Protection Policy, 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 sessions 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 it of my own free will.

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

Signature of Applicant Date Witness

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

Print Witness Name

**Authorization for Criminal Records Check**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the Sample United Methodist Church to request the State of Michigan or other agencies to release information regarding any record*s* or convictions contained in its files, or any criminal file maintained on me, whether said file*s* are local, state, or national, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law*s*. 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):

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

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

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| --- |
| **THE FOLLOWING SECTION WILL BE SHREDDED AFTER PROCESSING OF APPLICATION** |

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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**Sample United Methodist Church**

**Protection Policy Reference Form**

**Please give this page to three unrelated references who are 18 years of age or older and have known you for a minimum of *1 year*. Send completed form to**

**Sample United Methodist Church**

**1234 Main St. Lansing, MI 48906**

References are required for each applicant prior to their authorization to work with children, youth, or vulnerable adults. The information that you share will be held in strict confidence.

**PLEASE USE INK, PRINT CLEARLY**

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Reference phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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, youth, or vulnerable adults?
6. How would you describe the applicant’s ability to relate to adults?
7. How would you describe the applicant’s leadership abilities?
8. Do you know of any characteristics that would negatively affect the applicant’s ability to work with children, youth, or vulnerable adults?
9. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
10. Please list any other comments you would like to make:

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

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