



SAFE SANCTUARY POLICY 3.0
Harrison United Methodist Church
15008 Lancaster Highway
Pineville, North Carolina 28134
704-541-3463

Harrison United Methodist Church (HUMC) adopts this **Safe Sanctuary Policy** and accompanying procedures in order to demonstrate our total and unwavering commitment to the physical, emotional and spiritual safety of all our children and youth. We adopt this policy in accordance with the statement we as a congregation make at each Baptism; that we will "nurture children and youth in the Christian faith and life and include them in our care." With this policy, we renew our Baptismal pledge to "live according to the example of Christ" and surround children and youth with a "community of love and forgiveness, that they may grow in their trust of God, and be thus confirmed and strengthened in the way that leads to life eternal." (Baptismal Covenant II, United Methodist Book of Worship, p.96).

Changes to this policy require the approval of the Directors of Children and Youth Ministries, and the chairpersons of the Board of Trustees, Church Council and Staff/Pastor Parish Relations Committee (SPPRC).

A. Recruitment and Selection of Paid Workers and Volunteers

1. All scheduled workers with children or youth, full or part time, compensated or volunteer, including without limitation clergy, ministry leaders, Sunday School teachers, youth group workers, nursery workers, Vacation Bible School volunteers, and choir leaders will complete a Primary Background Screening Form for working with Children or Youth (**Attachment A**). A criminal background check will be performed at the time of employment or engagement in a position of caring for youth and children and performed in three (3) year intervals hereafter (**Attachment F**).
2. Occasionally unscheduled volunteers for programs sponsored by HUMC where children and youth are entrusted to the care of adults will complete the Secondary Screening Form for working with Children or Youth Workers. Other churches or religious organizations who participate in programs on HUMC premises will complete the Secondary Screening Form (**Attachment B**) unless their church or religious organization has a similar policy in place and has furnished a copy to HUMC. Standards of the participating organization's Policy must have similar components to Harrison's Safe Sanctuary Policy.
3. All applicants must be interviewed for suitability for the work they desire to do. Interviews will be conducted by the leader of the program in which the applicant will work, or by other persons designated by the program leader.
4. Church leaders will check references for every person who wishes to work with children or youth. The references will be done by phone, mail, or in person.
5. All information, provided in the application forms, as well as any information collected through reference checks or other investigation or inquires, will be kept confidential and reviewed only by authorized personnel.
6. Persons who have been convicted of, or pled guilty to, physical and/or sexual abuse of children, neglect of children, or other serious crimes against persons (rape, assault, domestic violence, etc.), or against whom such charges are pending, will not be allowed to work with children or youth.
7. Church membership or regular church attendance at HUMC for a minimum of 6 months is a requirement for any volunteer who wishes to work with children or youth. Exceptions to this provision of the policy may be granted by a Harrison UMC Pastor in the case of combined programs with other churches, intern programs and other similar circumstances (with the exception of unscheduled volunteers as mentioned in #2 above.)



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B. Guidelines for Workers with Children or Youth

1. **Adult Worker Requirements:** At least two unrelated adults should be present at all times during any activity involving children or youth, under age 18, even if only one child or youth is present. An adult needs to be nearby when dealing with bathroom situations. A floater in the hallway for this policy will be considered appropriate with an adult in each room.
 - a. All workers (both volunteer and compensated) must know the state requirements in reporting suspected abuse to law enforcement authorities and child protective services. In NC you are mandated, if there is reasonable cause, to report suspected cases of child abuse. (**Attachment C:** N.C. State Requirements for Reporting Suspected Abuse will be given to each worker and they must sign that they have received and read it.)
2. **Individual Counseling & Pastoral Care:** One-on-one, in-person interactions are sometimes necessary and appropriate, but care must be taken that they be conducted in an environment that provides visibility by other adults. If at all possible, another adult is to have knowledge of staff members' whereabouts and with whom they are meeting. If the one-on-one meeting is to be held online, prior consent of parent or guardian must be obtained. Children and youth receiving individual counseling or pastoral care should be told they are free to discuss any aspects of the counseling process with a parent or other adult, especially if they are uncomfortable about anything that occurs in counseling. All incidents of suspected abuse and neglect revealed during the session will be reported in accordance with section "C" of this policy.
3. **Meeting Online:** When meeting *online* with children or youth under the age of 18, at least two unrelated adults should be present at all times, even if only one child or youth is present. Measures should be taken to ensure online platforms are secure, including but not limited to visually verifying each participant's identity, utilizing waiting rooms, and requiring passcodes for entry.
4. **Adult Worker to Child Ratios:** Always have the proper adult/child ratio. Adult is considered 18 and over. Those 12 to 18 may assist an adult teacher if they are at least 5 years older than the oldest child in the group. Youth Assistants will be considered children (not adults) for the purpose of ratios.

Ratios: 1 adult for every 4 infants and toddlers

1 adult for every 6 two-year-olds

1 adult for every 8 three-year-olds, four-year-olds, and kindergarteners

1 adult for every 10 first through fifth graders

1 adult for every 15 youth (grades 6-12)

1 adult for every 8 for overnight trips

5. **Off Campus Activities Involving Children or Youth:** If a person desires to plan an activity off campus, he/she must:
 - a. Request permission and have approval from the appropriate ministry leader.
 - b. Have a Parent Consent Form (**Attachment D**) signed and returned to appropriate ministry leader by a legal parent or guardian. The completed Parent Consent Form must travel with the child/youth.
 - c. Travel must be done according to the N.C. laws in respect to car seat safety, etc.
 - d. When out of town and overnight events take place, separate male/female sleeping quarters shall be strictly enforced. The male/female chaperones should occupy the respective same gender as they are accompanying.



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6. **Classroom Requirements:** Doors to classrooms used by children or youth should include windows (or have half doors which are open), which should be uncovered at all times. Alternatively, doors without windows should be kept open.
7. **Outside Organizations:** All organizations that use the premises for youth oriented activities (for example, Boy or Girl Scouts) will be provided a copy of this policy for compliance. Any exceptions to this policy requires the approval of the Directors of Children and Youth Ministries, and the chairpersons of the Board of Trustees, Church Council and Staff/Pastor Parish Relations Committee (SPPRC).

C. Procedures for Reporting Incidents of Abuse of a Child or Youth

(Incidents of potential abuse are considered “HIGHLY CONFIDENTIAL” and minimal persons, including appropriate Ministry Leader, should be involved.)

1. Incidents of abuse, or reasonably suspected incidents of abuse of children or youth, must be reported immediately, to the appropriate ministry leader. The ministry leader will relay that information immediately to an HUMC Pastor.
2. The person reporting the incident will document, in ink with date and signature, all known facts and circumstances of the incident, as well as all steps taken in the course of handling the reported incident. **(Attachment E: Incident Report Form)**
3. All HUMC staff and other adults participating in programs on the property of HUMC are encouraged to be sensitive to the potential for abuse of children or youth. They will be encouraged not to hesitate to caution others that activities they observe are, or may appear to be, inappropriate. The Church will be supportive of individuals who in good faith make reports of actual or reasonably suspected cases of abuse.
4. When appropriate, the Ministry Leader, along with any other appropriate church leadership, will notify the appropriate authorities of alleged abuse.
5. Any organization that uses HUMC facilities will also notify the Pastor and/or Chairperson of SPPRC (Staff Pastor Parish Relations Committee) as soon as possible about any incident or suspected incident of abuse involving any person affiliated with such organization while using HUMC facilities.
6. The confidentiality of all persons involved will be safeguarded.

D. Responding to Allegations of Abuse of a Child or Youth

1. Any person involved in the Children’s/Youth Ministry should report any suspicious behavior, or comments that would lead an individual to believe that Physical Abuse and/or Sexual Abuse has occurred in connection with Church functions or Church property. All procedures listed in the previous section on Reporting will be strictly followed.
2. Every allegation will be taken seriously and a HUMC Pastor will be notified. Adequate care and respect must be offered to the alleged victims and alleged perpetrators until the allegation can be substantiated or cleared.
3. All records relating to the matter will be maintained in confidential files and any correspondence, verbal or written, are to be kept in a secure location.
4. All efforts in handling the situation will be carefully documented by the appropriate ministry leader.
5. The parents/guardians of the suspected victim will be notified as soon as feasibly possible.
6. The Church General Liability insurer will be notified and placed on notice about the incident by the Trustee Chairperson or Church Administrator. If the allegation is of a full-time staff member, the Staff Pastor Parish Relations Committee Chairperson will also be notified.



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7. The safety and security of the child must be safe-guarded before the person accused of abuse is confronted.
8. The designated Pastor, and/or a person of their choosing, will be the sole spokesperson for the Church insofar as media inquiries are concerned.
9. Any person accused must be treated with dignity and support. That person will be immediately relieved of further responsibilities, as circumstances dictate, until the allegations are cleared or substantiated.

E. Training and Education

1. All compensated workers and volunteers will be trained on this policy prior to working with children and youth, and on a yearly basis thereafter. Training will include:
 - a. The need for the Safe Sanctuary Policy.
 - b. Church policies governing working with children and youth.
 - c. Procedures for reporting observed or suspected misconduct/abuse.

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ALL WORKERS (PAID OR VOLUNTEER) MUST READ AND SIGN BELOW PRIOR TO WORKING WITH CHILDREN AND/OR YOUTH UNDER AGE 18, AND AFTER ANY CHANGES TO THE POLICY HAVE BEEN MADE.

APPLICANT’S STATEMENT:

I have read, understand, and agree to comply with the HUMC Safe Sanctuary Policy in its entirety.

I understand that a background check and reference check are required for me to work with children and/or youth, and I give permission to HUMC to perform these checks.

Signature

Date

Printed Name

APPLICANTS WHO ARE READING AND SIGNING THIS POLICY FOR THE FIRST TIME SHOULD SUBMIT THE FOLLOWING COMPLETED FORMS ALONG WITH THIS SIGNED DOCUMENT, UNLESS OTHERWISE DIRECTED BY MINISTRY LEADER:

- ATTACHMENT “A”, PRIMARY BACKGROUND SCREENING FORM
- ATTACHMENT “C”, NORTH CAROLINA PROCEDURE FOR REPORTING SUSPECTED INCIDENTS OF ABUSE OR NEGLECT OF CHILDREN AND/OR YOUTH



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Attachment A (pg 1 of 4)

CONFIDENTIAL

The information obtained on this form is for internal use by Harrison United Methodist Church only.

Primary Background Screening Form for Working with Children or Youth

All applicants for positions (paid or volunteer) involving the supervision or custody of children or youth must complete this screening form. Harrison United Methodist Church (HUMC) uses this form in order to help provide a safe and secure environment for children and youth who participate in its programs. *No volunteer should be considered for any position involving contact with children or youth until the candidate has been involved with this church for 6 months (unless authorized by a HUMC Pastor). You may begin the application process after two months of regular attendance at the church. **(Please circle below the position this applicant desires.)**

Full-time Staff, Part-time Staff, Childcare Worker, Preschool Teacher, Children’s Program Volunteer, Youth Program Volunteer, Vacation Bible School Volunteer, Children or Youth Choir Volunteer

DISCLOSURE STATEMENT

By this document, Harrison United Methodist Church discloses to you that a consumer report and/or investigative consumer report may be obtained for employment or volunteer purposes as part of the background investigation and at any time during your employment or affiliation with our church. An investigative consumer report may include information as to your character, general reputation, personal characteristics and mode of living, whichever apply. The Fair Credit Reporting Act provides you with the right to request, in writing within a reasonable amount of time, a disclosure of the nature and scope of the investigation requested. You may also request a written summary of your rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission.

Personal

Applicant – please complete information below in ink; please print:

Name _____ Date of Birth _____
(First, Middle, Last)

Other names used (i.e.: former married or maiden) _____

*Social Security # _____ Gender _____
*(*Social Security # can be left blank if the applicant choses to complete background check via email.)*

Driver’s License# and State _____ Race _____

Identity must be confirmed with a state driver's license or other photographic identification.



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Attachment A (pg 2 of 4)

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Home addresses for the past seven (7) years:

1. Present address: _____ From: (month/year) _____

City _____ State _____ Zip _____ County _____

Phone (H) _____ (W) _____ E-mail _____

(Street/City/State/Zip Code)

(Month/Year)

2. _____ County _____ From: _____

3. _____ County _____ From: _____

4. _____ County _____ From: _____

Please answer the following questions:

1. Do you currently have any charges pending, or have you ever been convicted of or pleaded guilty to a crime that involves physical and/or sexual abuse of a child or child neglect? Yes, No

2. Have you ever been charged with or convicted of child neglect or abuse? Yes, No

3. Has anyone ever made any complaints or allegations of misconduct involving children against you? Yes, No

4. Have you been convicted of the possession, use, or sale of drugs? Yes, No

5. Within the past 90 days, have you abused alcohol or legal drugs? Yes, No

6. Within the past 90 days, have you used any illegal drugs? Yes, No

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If you answered "yes" to any of the above questions, please explain below.



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Attachment A (pg 3 of 4)

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Do you have any health related condition(s) that would keep you from effectively working with or cause any potential harm to children/youth? Yes, No

If you answered "yes" to the above, please describe below.

CHURCH HISTORY AND PRIOR WORK INVOLVING CHILDREN/YOUTH

List names and addresses of other churches you have attended regularly during the past five (5) years.

List all previous church work involving children and or youth in the past five (5) years. Please be specific.

List all previous *non*-church work involving children and or youth in the past five (5) years. Please be specific.

List any special skills, training, education, or other factors that you have that are relevant to volunteering with children or youth.

Do you have any medical training or are you either First Aid or CPR trained? _____



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REFERENCES

Please list three (3) references we may contact. If possible, please include a pastor or a former ministry leader.

(Do not list family members.)

1.

Name _____

Address _____

Phone _____

2.

Name _____

Address _____

Phone _____

3.

Name _____

Address _____

Phone _____

.....
By my signature below I attest that all information I have provided to HUMC is true and accurate to the best of my knowledge. I understand that providing false or misleading information may in and of itself be sufficient to prohibit my participation in volunteering/working in this capacity with HUMC. I give permission for HUMC to run a background check and contact my references.

(Signature)

(Date)

(Printed Name)



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Attachment B

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Secondary Screening Form for Occasional and/or Unscheduled Volunteers

Occasional unscheduled volunteers must complete this screening form before working at events involving children and/or youth. They must then complete an interview with an approved ministry leader. There are also occasions when we combine events with other churches or organizations; this screening form is for said volunteers unless the participating organization submits a copy of their Policy with Harrison United Methodist Church (HUMC). Standards of the participating organization’s Policy must have similar components to HUMC’s Safe Sanctuary Policy.

Applicant – please complete information below in ink: Please Print

Name: _____ Date of Birth: _____
(First Middle Last)

Other names used (i.e.: former married or maiden) _____

*Social Security #: _____ Gender: _____ Race: _____ Driver’s License # and State: _____

*(*Social Security # can be left blank if the applicant choses to complete background check via email.)*

- 1. As a church volunteer, do you agree to observe all HUMC church policies regarding children/youth? Yes, No
- 2. Have you ever been convicted of, or pled guilty to, physical and/or sexual abuse or neglect of children or other serious crimes against persons (rape, assault, domestic violence, etc.) ? Yes, No
- 3. Are you now or have you ever been a registered sex offender? Yes, No

-----**Volunteer’s Pledge**-----

I have not been convicted of, or pled guilty to, physical and/or sexual abuse or neglect of children, or other serious crimes against persons (rape, assault, domestic violence, etc.). I have not been nor am I currently involved in any abuse of a minor. I have received a copy of the Safe Sanctuary Policy of Harrison United Methodist Church and the State Requirements for reporting suspected abuse/neglect of a child/youth, and I agree to observe said procedures regarding working with children and/or youth.

By my signature below I attest that all information I have provided to HUMC is true and accurate to the best of my knowledge. I understand that providing false or misleading information may in and of itself be sufficient to prohibit my participation in volunteering/working in this capacity with HUMC. I give permission for HUMC to run a background check.

(Signature of Volunteer)

(Date)

(Printed Name of Volunteer)



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Attachment C (pg 1 of 2)

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**NORTH CAROLINA PROCEDURE FOR REPORTING SUSPECTED
INCIDENTS OF ABUSE OR NEGLECT OF CHILDREN AND/OR YOUTH**

THIS FORM SHOULD BE READ AND SIGNED BY ANYONE (COMPENSATED OR VOLUNTEER) WORKING WITH CHILDREN OR YOUTH UNDER THE AGE OF 18.

Reporting Suspected Abuse and Neglect

While most of us want nothing but the best for our children, child abuse and neglect are too common. While the words abuse and neglect are often used interchangeably, each type of maltreatment is distinct. Abuse is the intentional maltreatment of a child and can be physical, sexual, or emotional in nature. Neglect, on the other hand, is the failure to give children the necessary care they need. The emotional scars of both types of maltreatment are often deep and no child deserves to be maltreated.

If you suspect that a child is being abused or neglected, or if you think a child may have died from being mistreated, you must report what you know to the [Mecklenburg County Department of Social Services](#). This is the law ([N.C.G.S. § 7B-301](#)). Do not be afraid to report. As long as you are acting in good faith, you cannot be held liable ([N.C.G.S. §7B-309](#)).

Mecklenburg County Department of Social Services
301 Billingsley Road, Charlotte, NC 28211
West Charlotte (Community Resource Center)
3205 Freedom Drive, Charlotte, NC 28208
Phone: 704-336-3000
Report Abuse (Child Protective Services): 980-31-HELPS (43577)



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Attachment C (pg 2 of 2)

Recognizing Child Abuse

The following signs may signal the presence of child abuse or neglect. It is important to note that any one of these things could mean anything or nothing. For example, there are many reasons a child may not want to go home on any particular day, or a child may be overly compliant when they are trying to please a favorite teacher. However, when you have a cluster of two or more of these signs, this should raise a red flag to at least talk to the child and/or parent, and at most call your local Child Protective Services. It is also important to remember that issues related solely to poverty are not considered child maltreatment issues.

- Shows sudden changes in behavior or school performance;
- Displays overt sexualized behavior or exhibits sexual knowledge that is inconsistent with their age;
- Has not received medical attention for a physical injury that has been brought to the parents' attention;
- Is always watchful, as though preparing for something bad to happen;
- Is overly compliant, an overachiever, or too responsible;
- Comes to school early, stays late, and does not want to go home; or
- Has unexplained burns, bites, bruises, broken bones, or black eyes;
- Has bruises or marks in non-prominent, "fleshy" areas of the body (for example, inside of biceps or behind the knees);
- Has fading bruises or other marks noticeable after an absence from school;
- Seems frightened of the parents and protests or cries when it is time to go home from school;
- Shrinks at the approach of adults;
- Reports injury by a parent or another adult caregiver.

Recognizing Child Neglect

- Lacks needed medical or dental care;
- Lacks age appropriate adult supervision ;
- Lacks clothing appropriate for the weather;
- Reports family violence in the home;
- Reports use of illegal substances or excessive use of alcohol by parents or caregivers (for example, to the point the parent passes out);
- Abuses alcohol or other drugs; or
- States there is no one at home to provide care.

I have read and understand the NC procedure for reporting suspected incidents of abuse or neglect.

(Signature)

(Printed Name)

(Date)



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Attachment D (pg 1 of 3)

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Parent Consent Form

This Parent Consent Form gives permission for my child(ren) to participate in an event or activity sponsored by Harrison United Methodist Church. This form should be filled out by a parent or guardian before a child or youth (age 18 or younger) attends an event or program when the parent or guardian is not present at the location of the event or program. All portions of this form shall be completed before the child or youth attends the event or program.

Parent/Guardian Information

Name of **PARENT or GUARDIAN 1**: _____

Email: _____

Home Phone #: _____ Cell #: _____

Address: _____

Name of **PARENT or GUARDIAN 2**: _____

Email: _____

Home Phone #: _____ Cell #: _____

Address: _____



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Attachment D (pg 2 of 3)

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Children/Youth Information

Name of **CHILD 1:** _____

Date of Birth: ___/___/_____ School: _____ Grade: _____

My child has the following physical condition that may require special attention: _____

Please specify allergies: _____

Please specify any special accommodations or accessibility needs: _____

Name of **CHILD 2:** _____

Date of Birth: ___/___/_____ School: _____ Grade: _____

My child has the following physical condition that may require special attention: _____

Please specify allergies: _____

Please specify any special accommodations or accessibility needs: _____

Name of **CHILD 3:** _____

Date of Birth: ___/___/_____ School: _____ Grade: _____

My child has the following physical condition that may require special attention: _____

Please specify allergies: _____

Please specify any special accommodations or accessibility needs: _____

(A Ministry Leader will contact you to discuss any medical conditions or special needs listed on this form.)



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Attachment D (pg 3 of 3)

I give permission for my child(ren) _____
(full name of each child)

to attend and participate in _____
(name of event or regular program)

on/in the years of _____
(date of event, or school year of program)

at _____
(location of event or program)

Photo/Video Release

I give permission for photographs and/or videos of my child(ren) taken during the event or program to be used at the discretion of Harrison United Methodist Church and the Children's/Youth Ministries leadership wherever deemed appropriate:

Yes, No

Transportation

I give permission for my child(ren) to be transported in vehicles operated by the adults in whose care the minor has been entrusted while attending and participating in this event or program:

Yes, No

Medical Treatment & Liability Release

I hereby authorize and give consent for event staff to administer first aid and obtain medical treatment for my child(ren) for such injury or illness that may occur during the event or program and hereby hold the event staff and their representatives harmless in the exercise of this authority.

It is my understanding that the above named participant(s) will be covered by my personal medical insurance. The event provides limited/supplemental medical payment coverage for injuries arising out of the event activities which is payable **in excess** of any other collectible insurance. Payments of any medical injuries not covered by my insurance or the event limited/supplemental medical insurance will be paid by me.

Name of parent/guardian (Please print): _____

Signature of parent/guardian: _____ Date: _____

Medical Insurance Carrier: _____ Group #: _____



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Attachment E (pg 1 of 2)

CHILDREN & YOUTH

INCIDENT REPORT

This form should be completed by the volunteer or paid worker in the event of an incident (injury, accident, or suspected abuse) involving a child/youth or another volunteer/worker. Please fill out this form completely and turn in to the appropriate staff member.

Date of Incident: _____ Time of Incident: _____

Name of person affected/involved: _____ Age: _____

Parent or guardian of person affected/involved: _____

Address of person affected/involved: _____

Name of others involved: _____

Name of person(s) who witnessed the incident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Description of the Incident:



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Action (s) Taken:

<hr/> Signature	<hr/> Date
<hr/> <hr/>	<hr/> <hr/>

Parents' Signatures	Date
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Signature(s) of Others Involved and Date:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

.....
HUMC Staff:

<hr/> Appropriate Staff Member's Signature	<hr/> Date
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Copies:

_____ Parent _____ Other Persons Involved _____ HUMC Pastor _____ File copy



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Attachment F

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Permission to run additional Background Checks after the appropriate time-frame (Every 3 years).

Personal

Applicant – please complete information below: Please Print

Name: _____ Date of Birth: _____
(First, Middle, Last)

Other names used (i.e.: former married or maiden) _____

*Social Security #: _____ Sex: _____ Race: _____
*(*Social Security # may be left blank if the applicant choses to complete background check via email.)*

Driver's License# and State: _____

1. As a church volunteer, do you agree to observe all HUMC church policies regarding children/youth? Yes, No
2. Have you ever been convicted of, or pled guilty to, physical and/or sexual abuse or neglect of children or other serious crimes against persons (rape, assault, domestic violence, etc.) ? Yes, No
3. Are you now or have you ever been a registered sex offender? Yes, No

-----**Volunteer's Pledge**-----

I have not been convicted of, or pled guilty to, physical and/or sexual abuse or neglect of children, or other serious crimes against persons (rape, assault, domestic violence, etc.). I have not been nor am I currently involved in any abuse of a minor. I have received a copy of the Safe Sanctuary Policy of Harrison United Methodist Church and the State Requirements for reporting suspected abuse/neglect of a child/youth, and I agree to observe said procedures regarding working with children and/or youth.

By my signature below I attest that all information I have provided to HUMC is true and accurate to the best of my knowledge. I understand that providing false or misleading information may in and of itself be sufficient to prohibit my participation in volunteering/working in this capacity with HUMC. I give permission for HUMC to run a background check.

(Signature)

(Date)

(Printed Name)