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Introduction:
This policy is adapted from Abuse Prevention Guidelines of the California-Nevada Annual Conference of the United Methodist Church implementing the resolution adopted by the General Conference of the United Methodist Church in April 1996 aimed at reducing the risk of abuse of children, youth, and vulnerable adults in the church (Book of Resolutions of The United Methodist Church—2000, pp 180-181). Jesus spoke of the importance of young people being included and provided for within the community of faith (Matthew 18:5-6). Our hope and belief today is that the church is a place where children, youth, and vulnerable adults will find the unconditional love and care they so desperately need to grow and thrive.

Abuse often happens in settings where children, youth, and vulnerable adults should be able to feel safe-- homes, schools, camps and most sadly, the Church. Abuse does occur in churches, large and small, urban and rural. It is a problem which cuts across all economic, cultural, and racial lines. Instances of abuse are real and are being monitored annually by the conference task force.

As Christians, we must take our responsibilities to our children, youth and vulnerable adults very seriously. We fail in our responsibilities if we neglect to take adequate precautions against abuse in our churches. It is unlikely that we can completely prevent abuse in every situation, but it is possible for us to greatly reduce the risk by following a thorough practical policy of prevention. This policy and accompanying procedures attempt to do that for ministries and activities at Easter Hill United Methodist Church that deal with children, youth and vulnerable adults.

Purpose
Our congregation’s purpose for establishing this Safe Sanctuaries Policy and accompanying procedures is to demonstrate our strong and unwavering commitment to the physical safety and spiritual growth of all our children, youth, and vulnerable adults.

It is the purpose of this policy and accompanying procedures, first of all, to protect the children, youth, and vulnerable adults that come to us. The second purpose is to protect our staff, both paid and volunteer, from potential allegations of abuse.

We have adopted a comprehensive plan that includes all areas of the issue: screening, training, supervision, reporting procedures, and a response plan. We will follow stringent safety measures in the recruitment and selection of workers; we will implement prudent operational procedures in all programs and events; we will educate all of our workers with children, youth, and vulnerable adults regarding the use of all appropriate policies and procedures; we will have a clearly defined procedure for
reporting a suspected incident of abuse that conforms to the requirements of the laws of the state of California; and we will be prepared to respond to media inquiries if an incident occurs.

**Child abuse. What is it?** As defined under California and Nevada laws means any of the following:

- **PHYSICAL ABUSE** - A child is physically injured by other than accidental means.
- **EMOTIONAL ABUSE**: A child is subjected to willful cruelty or unjustifiable punishment.
- **SEXUAL ABUSE**: A child is abused or exploited sexually.
- **NEGLECT**: A child is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision.
- **RITUAL ABUSE**: Physical, sexual, psychological violence inflicted on a child or youth intentionally in a stylized way by someone or multiple persons responsible for the child’s or youth’s welfare. Typically, the perpetrator appeals to higher authority or power to justify the abuse.

**Definitions**

**Adult** means a person 18 years old or older.

**Child** means any persons from infancy to 11 years old

**Youth** means any person from 12 years old to 17 years old.

**Vulnerable Adults** means any person over 18 years of age with diagnosed diminished physical, mental, or emotional capacities.

**Staff person** means any paid person employed by the Conference or Church who is responsible for or assists with activities for children youth, or vulnerable adults.

**Volunteer** means an unpaid person 18 years of age or older who is responsible for or assists in conducting activities or programs for children, youth or vulnerable adults.

**Activities** mean any activity or program in which children, youth, or vulnerable adults are under the supervision of staff persons or volunteers.

**Church** means the Easter Hill United Methodist Church in Richmond, California.

**Conference** means the California-Nevada Annual Conference of the United Methodist Church.

**We** means the constituents and members of the Easter Hill United Methodist Church.
Screening Procedures

Careful screening is one way to prevent the abuse of children, youth, and vulnerable adults. Screening can be time consuming and expensive, but provides some assurance that the most reliable, committed, experienced, and well-suited staff and volunteers are in place for every program that involves children, youth, and vulnerable adults.

The following shall be MINIMUM standards:

All adults, volunteer or staff persons, who have regular and direct contact with children, youth, and vulnerable adults shall be required to fill out an application that includes:

- Standard contact information
- Voluntary disclosure of past criminal history and allegations of criminal activity
- Listing of 3 non-related references with complete contact information for all references.

A signed release and waiver form allowing the Church/Conference to perform a background check.

Manner of Implementation

- No adult who has been convicted of child abuse (sexual abuse, physical abuse, neglect, emotional abuse, or ritual abuse) shall volunteer to work with children, youth, or vulnerable adults in any church sponsored activity.
- All adult volunteers involved with children, youth, or vulnerable adults of our church must have been members or affiliates for at least six months before beginning a volunteer assignment.
- All staff persons and volunteers, who have regular and direct contact with children, youth, or vulnerable adults will submit to the screening procedures as outlined by this policy.
- All new applicants, persons having a break in service of one or more years, and
- Those persons who have not been screened in five years and since their last background check shall submit to a screening again.
- The staff person in charge of the event and/or their designee is responsible for reviewing and approving each application before a person’s service begins.
- All records are confidential and will be maintained by the Church.

When the Conference or Church is hosting an event in which the local church is required to bring adult chaperones, we recommend that all brochures and other written materials specify these procedures as requirement for all adults serving as chaperones at the event.
Supervision

Competent and trained adults are important to any event. The procedures described below are designed to reduce the possibility of abuse to children, youth, and vulnerable adults, and to protect staff persons and volunteers from unfounded accusations. These are MINIMUM standards and each event may adopt more stringent requirements if necessary.

1. Training is required for all persons having direct contact with children, youth, and vulnerable adults in church activities. The minimum standard shall include an annual orientation that includes information about this Policy, training in the supervision of children, youth, and vulnerable adults, and training in the identification and reporting of abuse.

2. Minimum standards shall include the two-adult rule. The two-adult rule requires that there will always be two unrelated adults present.

3. In the case of children and youth, no person shall supervise an age group unless he/she is AT LEAST age 21 and AT LEAST 5 years older than the children or youth with whom they are working.

4. The Church shall employ an open space rule. The open space rule requires that all activities shall occur in open view. Each room or space where children, youth, or vulnerable adults are being supervised shall have a window in the door or the door shall be left open.

5. Parents’/guardians’ authorization forms shall be required for registration of children, youth, or vulnerable adults in activities outside parents’/guardians’ direct supervision. The signed permission forms shall include health supervision and parents’/guardians’ permission to treat a child, youth, or vulnerable adult if they are injured or become sick during an event. All participants who can understand a behavior agreement shall sign a participation covenant. This covenant can be in the form of clear, posted rules that are explained to the participants at the outset of the event.

Reporting

According to California and Nevada law, every person who has reason to believe that a child or youth under the age of 18 has been abused is mandated to report the suspected abuse. Volunteer leaders and workers are no exception.

At any Church event, if an adult suspects the abuse or neglect of a child, youth, or vulnerable adult, whether it has occurred at the event or prior to the event, that person must report his/her suspicions to the leader of the event and together they must
ascertain the details needed to make an accurate report. This report must be made within 24 hours. The report should include the following information, if obtainable:

1. The name address, age, and sex of the alleged victim;
2. The name and address of the alleged victim’s parents or other person responsible for his/her care;
3. The nature and extent of the alleged abuse or neglect;
4. Any evidence of previously known or suspected abuse or neglect of the alleged victim or their siblings;
5. The name, address and relationships, if known, of the person who is alleged to have perpetrated the abuse or neglect; and
6. Any other information known to the person making the report that would be helpful to the investigation of the alleged abuse.

The event leader shall contact the appropriate state or county agency to file the abuse report and forward the aforementioned information to the agency as soon as possible. The person making the report shall keep a copy of the report and consider it confidential information. Another report shall be sent to the Church staff person overseeing the event at which the alleged abuse occurred.

The alleged perpetrators of the abuse will be required to refrain from all events involving children, youth and vulnerable adults until the incident reported is resolved. In any removal of a person from any activity, care must be taken to handle this in a discreet manner, recognizing that an investigation is still being conducted.

Response Plan

A quick, compassionate and unified response to an alleged incident of child abuse is expected. All allegations will be taken seriously. In all cases of reported or observed abuse in a children’s activity, the entire staff of that activity shall be at the service of the official investigating agencies.

The event director(s) in consultation with the Pastor or his/her designee is the only person(s) authorized to make statements to representatives of the media. All requests for statements shall be directed to the director(s) of the event who will consult with the Pastor or his designee. A spirit of cooperation in helping the media find the “official spokesperson” is often helpful.

If the allegation is against an event director, staff, or volunteer, the Pastor or his designee shall be contacted immediately. The Pastor or his designee will contact the Church’s insurance carrier.

In either case, pastoral support will be available to all persons involved with the incident as indicated.
Social Media Use Policy and Covenant for Employees and Volunteers
(Adapted from Safe Sanctuaries in a Virtual World by Joy Thornburg Melton and Michelle L. Foster, pp 85-98)

Social networking is quickly becoming integrated into everyday life. Electronic tools aid us in communication, relationships and information sharing in ways that were never before conceived as possible. The use of social media and networking often also cause lines to blur between work, personal life, and church relationships. In general, what you do in your personal time is a personal decision. However, activities during or outside employment or volunteer work that are shared via social media may have adverse effects on your job performance, leadership ability, and witness of Jesus Christ and need to be considered carefully. By simply identifying yourself as a volunteer or employee of Easter Hill United Methodist Church, either directly or as part of your user profile you are creating perceptions about what it means to be part of Easter Hill United Methodist Church.

As a child of God, a member of the church universal, and as a volunteer or employee of Easter Hill United Methodist Church, I covenant and agree to use Facebook and other similar social media in ways that bring honor to God and show respect for self and for all others who might view my posts.

Posts to the Website and Social Media Pages of the Easter Hill United Methodist Church are subject to the Pastor’s or Pastor’s designee’s review and approval.

(In particular, I covenant to (initial in the space provide after reading and agreeing to each bulleted item):

- _____ Recognize and respect that my behaviors and actions online are also a reflection of how other Christians and people associated with Easter Hill United Methodist Church may be portrayed.

- _____ Recognize that all my posted words, images, and links are reflections on me individually as a disciple of Jesus Christ, as a volunteer or an employee of Easter Hill United Methodist Church. Recognizing this, I refrain from posting anything regarding inappropriate conduct such as drug or alcohol use or any item that contains profanity, degrading human of any kind, ethnic or racial slurs, personal insults, obscenity, vulgarity, nudity, or pornography.

- _____ Obey the laws governing defamation, discrimination, harassment, and copyright and fair use of proprietary or confidential information.

- _____ Work within my assigned ministry to establish appropriate boundaries especially as related to building relationships on line with children, youth, parents, and other constituents of Easter Hill United Methodist Church.

- _____ Be very careful not be a hindrance or cause harm to the staff, pastors, members, or ministries of Easter Hill United Methodist Church.
• _____Speak respectfully in my online posts and communications of and to all persons; and I will refrain from negative or disrespectful posts as well as posts on objectionable or inflammatory topics.

• _____ Respect confidentiality and personal privacy. In the event I receive confidential or private information regarding a person or family involved at Easter Hill United Methodist Church, I will not disseminate that information without receiving direct, express consent and permission do so.

• _____ Remember that everything I post online is discoverable and can be seen and shared for a very long time.

• _____ Seek advice for my ministry team leader before posting anything if I have even a small doubt about the reasonableness of the post.

• _____ Regularly monitor the amount of time I spend on social media, the ways in which I am utilizing social media, and its effects on my employment or volunteer ministry and service in Christ’s name.

Signed __________________________________________________________(Employee or Volunteer)

Date ____________________________________________________________
EMPLOYMENT APPLICATION (Form No. SS-001-a)

(To be completed by all who seek any position that will involve the supervision and/or custody of children or youth. Application may be tailored to fit specific circumstances of the church. However, at a minimum, sections for personal identification, job qualifications, experience and background, references, and a waiver/consent to a criminal records check should be completed.)

Name: ______________________________________________________________________

Last    First     Middle

Are you over the age of 18?  ____ Yes  ____ No

Present address: _______________________________________________________________

City ____________________________________________ State: _________ Zip: __________

Home phone: _________________________Email address: _____________________________

Position applied for:________________________________________________________________

Qualifications:

Education: (schools attended, diplomas/degrees earned, dates of completion)

________________________________________________________________________________

________________________________________________________________________________

Continuing Education completed (courses taken, dates of completion)

________________________________________________________________________________

________________________________________________________________________________
Professional organizations (list any in which you have membership)

________________________________________

________________________________________

________________________________________

________________________________________

First Aid Training?   _____ Yes   _____ No   Date completed: ________________________

CPR Training? __________ Yes   _____ No   Date completed _________________________

**Previous Work Experience:** Please list your previous employers from the past five years. Include the job title, a description of position duties and responsibilities, the name of the company/employer, the address of company/employer, the name of your immediate supervisor, and the dates you were employed in each.

________________________________________

________________________________________

________________________________________

________________________________________

**Previous Volunteer Experience:** Please list any relevant volunteer positions you have held and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service.

________________________________________

________________________________________

________________________________________

________________________________________

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

If yes, explain:

________________________________________

________________________________________

________________________________________

________________________________________
Have you ever been exposed to an incident of child abuse or neglect? _____No _____Yes
If yes, how did you feel about the incident: ____________________________________

Would you be available for periodic volunteer training sessions? _____Yes _____No

References: Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years:

1. Name: _______________________________________________________________
   Address: ___________________________________________________________
   Daytime Phone: _____________________________________________________
   Evening Phone: ___________________ Email address: ______________________
   Length of time you have known reference: ______________________________
   Relationship to reference: _____________________________________________.

2. Name: ______________________________________________________________
   Address: ___________________________________________________________
   Daytime Phone: _____________________________________________________
   Evening Phone: ___________________ Email address: ______________________
   Length of time you have known reference: ______________________________
   Relationship to reference: _____________________________________________.

3. Name: _______________________________________________________________
   Address: ___________________________________________________________
   Daytime Phone: _____________________________________________________
   Evening Phone: ___________________ Email address: ______________________
   Length of time you have known reference: ______________________________
   Relationship to reference: _____________________________________________.
WAIVER AND CONSENT (Form No. SS-001-b/002-b):

I, ________________________, hereby certify that the information I have provided on this application for employment is true and correct. I authorize this church to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others who I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become employed by Easter Hill United Methodist Church, I agree to abide by and be bound by the policies of Easter Hill United Methodist Church and to refrain from inappropriate conduct in the performance of my duties on behalf of Easter Hill Methodist Church.

____________________________________________
Signature of Applicant                                       Date

____________________________________________
Witness                                                      Date
AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK (Form SS-001c/002c)

I, _________________________, hereby authorize Easter Hill United Methodist Church to request the Contra Costa County Police/sheriff’s department to release information regarding my record of charges or convictions contained in its files or in any criminal file maintained on me, whether said file is a local, state, national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff’s department from all liability that may result from any disclosure made in response to this request.

____________________________________________________________
Print applicant’s full name

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

_________________________  ___________________________
Date of birth: Place of birth:

Social Security number: (Required only if screening application is submitted manually by administrative staff on applicant’s behalf.)

Driver’s license number: State issuing license:

License expiration date:

Request sent to:
Name: Safe Gatherings
Address: 9200 Glenwood St._
          Overland Park, KS 66212
Phone: 888-241-8258
**VOLUNTEER APPLICATION (Form No. SS 002-a)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Daytime phone:</td>
<td>___________________________ Evening Phone: ___________________________</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
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<tr>
<td>Occupation:</td>
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<tr>
<td>Employer:</td>
<td></td>
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<td>Current job responsibilities and schedule:</td>
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<td>Previous work experience:</td>
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<td>Previous volunteer experience:</td>
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<td>Special interests, hobbies, and skills:</td>
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<tr>
<td>How many hours per week are you available to volunteer:</td>
<td>___________________________</td>
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<tr>
<td></td>
<td>Days</td>
</tr>
<tr>
<td>Can you make a one-year commitment to this volunteer role?</td>
<td>___________________________</td>
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<tr>
<td>Do you have your own transportation?</td>
<td>___________________________</td>
</tr>
<tr>
<td>Do you have a valid driver’s license?</td>
<td>___________________________</td>
</tr>
<tr>
<td>Do you have liability insurance? (List policy limits and name of carrier):</td>
<td></td>
</tr>
<tr>
<td>Why would you like to volunteer as a worker with children and/or youth?</td>
<td></td>
</tr>
<tr>
<td>What qualities do you have that would help you work with children and/or youth?</td>
<td></td>
</tr>
<tr>
<td>How were you parented as a child?</td>
<td></td>
</tr>
</tbody>
</table>
How do you discipline your own children?

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug related charges, child abuse, and other crimes of violence, theft, or motor vehicle violations?  _____No _____Yes

If yes, please explain fully:

Have you ever been exposed to an incident of child abuse or neglect?  _____No _____Yes

If yes, how did you feel about the incident?: ______________________________________

References: Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

1. Name: _______________________________________________________________
   Address: _______________________________________________________________
   Daytime phone: _______________________________________________________
   Evening phone: _______________________________________________________
   Email address: _______________________________________________________ 
   Relationship to reference: _____________________________________________

2. Name: _______________________________________________________________
   Address: _______________________________________________________________
   Daytime phone: _______________________________________________________
   Evening phone: _______________________________________________________
   Email address: _______________________________________________________
   Relationship to reference: _____________________________________________

3. Name: _______________________________________________________________
   Address: _______________________________________________________________
   Daytime phone: _______________________________________________________
   Evening phone: _______________________________________________________
   Email address: _______________________________________________________
   Relationship to reference: _____________________________________________

   Signature of Applicant  Date
SAFE SANCTUARIES PARTICIPATION COVENANT STATEMENT (Form No. SS-003)

1. No adult who has been convicted of child abuse (sexual abuse, physical abuse, neglect, emotional abuse, or ritual abuse) should volunteer to work with children or youth in any church sponsored activity.

2. All adult volunteers involved with children, youth, or vulnerable adults of our church must have been members or affiliates for at least six months before beginning a volunteer assignment.

3. Adult volunteers with children and youth shall observe the “two Adult Rule” at all times so that no adult is left alone with children or youth on a routine basis.

4. Adult volunteers with children, youth, or vulnerable adults shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.

5. Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer the following questions:

1. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children, youth, or vulnerable adults?
   - Yes  No

2. As a volunteer in this congregation, do you agree to observe the “Two Adult rule” at all times?
   - Yes  No

3. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment?
   - Yes  No

4. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor(s)?
   - Yes  No

5. As a volunteer in this congregation, do you agree to inform a minister of this church if you have ever been convicted of child abuse?
   - Yes  No

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

____________________________  ___________________________  ________________
Print Full Name    Signature of Applicant    Date
THIS PAGE 19 IS BLANK
FORM FOR REFERENCE CHECK (Form No. SS-004)

Applicant name _________________________________________________________________

Reference Name: ________________________________________________________________

Reference Address: ______________________________________________________________

Reference Phone: _________________________________________________________________

1. What is your relationship to the applicant?

2. How long have you known the applicant

3. How would you describe the applicant

4. How would you describe the applicant’s ability to relate to children and/or youth?

5. How would you describe the applicant’s ability to relate to adults?

6. How would you describe the applicant’s leadership abilities?

7. How would you feel about having the applicant as a volunteer worker with your child and/or youth?

8. Do you know of any characteristics that would negatively affect the applicant’s ability to work with children and/or youth? If so, please describe

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:

Reference inquiry completed by: ______________________________________________________

Signature    Date
REFERENCE CHECK FOR YOUTH VOLUNTEERS/PAID STAFF GUIDELINES (Form No. SS-005)

This is for volunteer or paid Staff working with children under the age of 18 ONLY! You must have an “outside” reference in addition to their pastor and/or activity director. “Outside” is defined as someone NOT related to them, who could serve as a reference as a childcare worker OR/AND a personal reference. Make sure they have authorized a reference check on the volunteer form.

Applicant’s Name ______________________________________ Date: ___________________

Reference: Name ________________________________ Signature ______________________

Phone ________________________________

- How long have you known the applicant? In what capacity?
- What character qualities would you use to describe this individual?
- Have you ever observed this individual working with children? If so, what were your impressions?
- How would you describe their overall work ethic?
- Would you trust this individual to care for your own children? Why/Why not?
- Anything else you would like to tell me about the applicant
- Finally, do you have any hesitation whatsoever, of this individual working and living with children?

Reference must be filled out completely and returned to:
Easter Hill United Methodist Church
Secretary’s Office
3911 Cutting Boulevard
Richmond, CA 94804

REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE (Form No. SS-006)

1. Name of worker (paid or volunteer) observing or receiving disclosure of child abuse:
   ______________________________________________________________
   ______________________________________________________________

2. Victim’s name: ________________________________________________
   Victim’s age/ date of birth: ______________________________________

3. Date/place of initial conversation with/report from victim: __________

4. Victim’s statement (give your detailed summary here):
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

5. Name of person accused of abuse: ________________________________
   Relationship of accused to victim (paid staff, volunteer, family member, other) ________
   __________________________________________________________________
   __________________________________________________________________

6. Reported to pastor: ____________________________
   Date/time: __________________________________________
   Summary: __________________________________________
   _________________________________________________
   _________________________________________________
   _________________________________________________
7. Call to Victim’s parent/guardian: ________________________________________________
   Date/Time: ___________________________________________________________________
   Spoke with: ___________________________________________________________________
   Summary: _____________________________________________________________________
   ______________________________________________________________________________

8. Call to local children and family service agency: _______________________________
   Date/ Time: ______________________________________________________________
   Spoke with: ______________________________________________________________
   Summary: _________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

9. Call to local law enforcement agency: _________________________________________
   Date/ Time: ______________________________________________________________
   Spoke with: ______________________________________________________________
   Summary: ________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

10. Other contacts: ____________________________________________________________
    Name: _____________________________________________________________________
    Date/time: _________________________________________________________________
    Summary: __________________________________________________________________
    ___________________________________________________________________________
    ___________________________________________________________________________

_______________________________________________________
Signature of Incident Reporter         Date
ACCIDENT/INJURY REPORT FORM (Form SS-007)

Date of accident: ___________________________  Time of accident: ______________
Name of person injured_________________________  Age: ____________
Address of person injured ____________________________________________
__________________________________________________________

Location of accident: ________________________________________________

Parent or guardian (if injured person is a child or youth)

Name: __________________________________________ Phone: ____________
Name: __________________________________________ Phone: ____________
Name: __________________________________________ Phone: ____________

Name of person(s) who witnessed accident:

Name: __________________________________________ Phone: ____________
Name: __________________________________________ Phone: ____________
Name: __________________________________________ Phone: ____________

Describe accident and injury:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Signature of Accident Reporter  Date
SAFE SANCTUARY FACILITY RENTAL ADDENDUM – RELEASE OF LIABILITY (Form No. SS-008)

In order to promote a safe environment for the children/youth who are attending ____________________________________________ sponsored by ____________________________________, we must ensure that their volunteers are of good moral character, vetted, and of suitable for working with youth.

Organization Name: ________________________________________________________________

Address: _________________________________________________________________________

City: ___________________________ State: __________ Zip Code ______________

Phone: (_____) ________________

PRINT THE NAME OF EACH ADULT CHAPERONE

1. ___________________________________________________________________________

2. ___________________________________________________________________________

3. ___________________________________________________________________________

4. ___________________________________________________________________________

5. ___________________________________________________________________________

6. ___________________________________________________________________________

7. ___________________________________________________________________________

8. ___________________________________________________________________________

9. ___________________________________________________________________________

10. ___________________________________________________________________________

I/We acknowledge that we have conducted a criminal background check on all adult leaders who are attending ____________________________________________ and each has been approved to work with youth and adults. I/We agree to indemnify and hold harmless The Easter Hill United Methodist Church for any liability created by any action of an adult volunteer being sent by ____________________________________________

(Name of Renting Organization)

Signature of Event Coordinator/Representative Date

_______________________________________________________________________________

_______________________________________________________________________________
AUTHORIZATION FORM FOR PHOTO AND VIDEO USAGE (Form No. SS-009)
(This form is adapted from sample form suggested on page 101 of Safe Sanctuaries in a Virtual World by Joy Thornburg Melton and Michelle L. Foster)

Child’s/Youth’s Name:__________________________________________
I, _____________________________________________ (print name of legal parent or guardian), authorize Easter Hill United Methodist Church to (please initial in the space provided after each bulleted item that you authorize)

▪ DO NOT TAKE PICTURES OR VIDEOS OF MY CHILD/YOUTH.
  ______

▪ PICTURES
  ▪ Take pictures of my child/youth to be posted inside the church only.
    ______
  ▪ Take pictures of my child/youth for use in printed publications and on the website and social media accounts. ______

▪ VIDEOS
  ▪ Include my child/youth in videos that will be used for internal church purposes only (worship, internal communication, and invitation.)
    ______
  ▪ Include my child/youth in videos that will be used on the church’s website social media, and YouTube accounts. ______

Signed _____________________________ (Parent or legal guardian)
Date: ______________________________
Activity/Trip PERMISSION FORM (Form No. SS-010)

Your child’s Church Activity group _______________ will be attending a field trip as follows:

Location: ________________________________________________________________

Date: ________________________________________________________________

Time: ________________________________________________________________

Transportation ____________________________________________________________

Teachers: ______________________________________________________________

Return slip by ____________________________________________________________

I give permission for my child: ____________________________________________

To attend the field trip to: ________________________________________________

Location: ______________________________________________________________

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name: ____________________________ Phone: ________________________________

Parent/Guardian Signature: ____________________________ Date: _______________