



BROOKFIELD-IMMANUEL UNITED METHODIST CHARGE

# Adult Safe Sanctuary Forms

Version 3.1

Adopted: June 17, 2015

(Numbers on pages 10 and 12 corrected: March 5, 2016)

Brookfield-Immanuel United Methodist Charge

17400 Aquasco Road Brandywine, MD 20613



**Brookfield-Immanuel *United Methodist Charge***  
**Safe Sanctuary Policy**

**Application and Participation Agreement for Adult Volunteers**

The congregations of Brookfield-Immanuel United Methodist Charge are committed to providing a safe and secure environment for all children, youth, vulnerable adults and volunteers who participate in ministries and activities sponsored by the church. Volunteers are an essential and valuable component of the ministries of Brookfield-Immanuel United Methodist Charge. The following policy statement reflects our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. Volunteers over 18 years of age will complete a Volunteer Application for Adults form. Youth, age 13 through 17, will complete a Volunteer Application for Youth.
2. References may be required on the appropriate application and may be checked by BIUMC.
3. Employees and Adult Volunteers who work with children, youth, and vulnerable adults will have a background check. The background check will be paid for by BIUMC and conducted through an agency/organization approved by the church. Subsequent checks may be required.
4. Employees and volunteers will review the Safe Sanctuary Policy and agree to abide by the procedures and requirements.
5. Youth ages 13 through 17 years of age who wish to become a church employee or volunteer are to provide references from adults who have seen the applicant interact with other children. This might be a church worker, coach, school teacher, scout leader, etc. (This will take the place of the background check required for adult applicants).
6. Volunteers must meet one of the following requirements before beginning a volunteer assignment:
  - a. Member of Brookfield-Immanuel United Methodist Charge for at least three months;
  - b. Regular attendee at Brookfield-Immanuel United Methodist Charge for at least three months.
7. Employees and volunteers will participate in training, as required.
8. All personally identifiable information obtained by the church for the purpose of screening employees and volunteers will be handled with care and discretion.

**Please check the Yes or No box in response to each of the following:**

		Yes	No
1.	As a volunteer in this congregation, I have read and agree to observe and abide by the BIC Safe Sanctuary Policy.	<input type="checkbox"/>	<input type="checkbox"/>
2.	As a volunteer in this congregation, I agree to promptly report child abuse to the proper authorities, including the appropriate staff person if the incident occurred during church-related activities.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I have signed the Consent for Background Check.	<input type="checkbox"/>	<input type="checkbox"/>
Signature of Volunteer		Date:	
Print Full Name			



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**Volunteer Background Check Consent**

I (Print Name) \_\_\_\_\_ hereby authorize the Brookfield-Immanuel Charge to make an independent investigation of my background, references, past employment, criminal or police records, including those by both public and private organizations and all public records for the purpose of confirming the information contained on my Volunteer forms, and/or obtaining other information which may be applicable, during the tenure of my service to Brookfield-Immanuel United Methodist Church in Brandywine, Maryland.

I release Brookfield-Immanuel UMC and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name:					
Home Phone #:		Work Phone #:		Email:	
Maiden Name?		Other Name Used?			
Present Street Address:					
City/State/Zip Code:					
Years at present Address:					
Former Address: (If less than 5 years at current address)					
Occupation:		Employer:			
Date of Birth:					
Signature:		Date:			

The above information is required for identification and insurance purposes only. This information will be held in confidence.



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**Sexual Misconduct Questionnaire**

***(Please check the appropriate box. If more space is needed, please use an additional sheet of paper.)***

Questions	Yes	No
1. Have you ever filled out this questionnaire for this church?		
If yes, please provide the date here:		
Have any answers changed since you filled out that copy?		
If no, please sign and return this form.		
If yes or you are unsure, then please answer questions 2 - 8.		
2. Have you ever been accused, in a written and signed statement, of sexual misconduct with a child or a youth?		
3. Have you ever been accused, in a written and signed statement, of sexual misconduct with an adult?		
4. Have you ever been dismissed from any position, volunteer or salaried, because of accusations of sexual misconduct on your part?		
5. Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part?		
6. Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g., indictment, arrest, trial, etc.)?		
7. Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion?		
8. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people?		
If your response to any of the foregoing questions (2 – 8) is “yes”, then please provide on a separate sheet of paper, complete details regarding any accusation, dismissal, resignation, proceeding, fact, or incident involving sexual misconduct.		



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Please provide three adult references (names, addresses, phone numbers) of persons who are not related to you by blood, marriage or other family relationship and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth, and adults.

Name	Address	Phone

**Sexual Misconduct Questionnaire Response Form**

*(To be signed by all laypersons and un-appointed clergy who work with children or youth within the local church or a Conference agency. If under 18, a parent or guardian must also sign.)*

I verify that the answers I have provided on this questionnaire are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this Response Form, will result in my being denied the position for which I am being considered. I understand that BIC will search sex offender directories and my signature below authorizes such a search.

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

Please print your name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_

*For Official Use Only:*      *Applicant's name has been checked against his or her driver's license or other Maryland ID*

*Initials:* \_\_\_\_\_ *Date:* \_\_\_\_\_

\_\_\_\_\_