

**SAFE SANCTUARY POLICY**

Version D – August 2019

*“Then he took a little child and put it among them; and taking it in his arms, he said to them, “Whoever welcomes one such child in my name welcomes me, and whoever welcomes me welcomes not me but the one who sent me.”* Mark 9:36-37

*“If any of you put a stumbling block before one of these little ones who believe in me, it would be better for you if a great millstone were fastened around your neck and you were drowned in the depth of the sea.”* Matthew 18:6

**MISSION STATEMENT**

The congregation of Collierville United Methodist Church is committed to providing a safe and secure environment for all children, youth, and adults who participate in the ministries and activities sponsored by this church and other community activities hosted by this church. The following guidelines reflect the commitment of the congregation to preserve Collierville United Methodist Church as a safe and sacred place for all who enter its doors so all can experience the love of God through relationships with others.

**TABLE OF CONTENTS**

1. Purpose
2. Scope
3. Definitions
4. Facility Requirements
5. Policy Revisions and Review
6. Implementation and Training
7. Requirements and Standards of Staff and Volunteers
8. Classroom Rules and Ratios
9. Digital Communication
10. Transportation
11. Responsibility
12. Reporting and Response
13. Appendix A: Student Ministries
14. Appendix B: Fact Sheet

Form A Volunteer Application & Covenant Statement

Form B Disclosure and Authorization Form

Form C Reference Check Form

Form D Deleted

Form E Incident Report Form

Form F Safe Sanctuary Response Card

**POLICY REVISION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VERSION** | **DATE ISSUE** | **DATE EFFECTIVE** | **REASON FOR CHANGE** | **REVISION** |
| A | 5.01.03 | 5.01.03 | Document Creation | Document Creation |
| B | 5.17.15 | 5.17.15 | Unknown | Unknown |
| C | 1.21.18 | 2.11.18 | Periodic Review | Revised Entire Document |
| D | 8.25.19 | 8.25.19 | annual periodic review | inserted: current dates, Sections 6.5.7, 7.2.5. Revised: Logo, Numbering Sequence, Sections 5, 7.1.1, 7.4, 8.3, 8.4, 8.4.2, 8.5, 8.6, 8.7, 8.8, 12.2, 12.3, Appendix B, Form A, B, C, D, E, F |

1. **PURPOSE**

This document is the protocol and procedure to support the Safe Sanctuary Mission Statement as recorded on the cover page.

1. **SCOPE**
   1. Within this document, it is declared that all references to those persons under the Safe Sanctuary protection are children/minors under the age of eighteen (18) and adults with special needs. They will be referenced throughout this document as those under Safe Sanctuary protection.
   2. The requirements of the Safe Sanctuary Policy encompass all activities, events, and functions hosted by Collierville United Methodist Church to include buildings and grounds of both campuses: 454 West Poplar Ave., Collierville, TN and 104 North Rowlett, Collierville, TN. Examples of CUMC as the host church include but are not limited to District Meetings, Conferences, Boy Scouts, and “WinShape Camp.”
   3. Within this document, the Safe Sanctuary Policy will be referenced as The Policy and Collierville United Methodist Church will be referenced as CUMC.
2. **DEFINITIONS**

The following definitions will ensure clarity of intent as well as consistency in the interpretation of and adherence to this policy.

*Adult* - any person 18 years of age or older.

*Adult with Special Needs* - a person 18 years or older who has developmental delays that necessitate the person be protected as a child.

*Appropriate* - conduct that one would reasonably assume would be acceptable and permissible by the child’s parent or guardian.

*Background Check* – a professional review conducted by a third party to determine the existence of convictions for crimes or listing on child abuse registries. Reference Section 6.5.

*Bullying* – unwanted or hurtful behavior that involves a real or a perceived power imbalance. Bullying has five forms: physical, verbal, emotional, cyber and relational.

*Child* and *Children -* reference to a person or persons under 18 years of age.

*Child Abuse* is categorized in five forms:

1. Physical abuse is abuse in which a person deliberately causes bodily harm, including but not limited to hitting, burning, shaking, kicking, choking, and fracturing bones to a child.
2. Emotional abuse is abuse in which a person exposes a child to spoken and/or unspoken violence or emotional cruelty.
3. Neglect is abuse in which a person endangers a child’s health, safety, or welfare through negligence including, but not limited to withholding food, clothing, medical care, education, and affection.
4. Sexual abuse is abuse in which sexual contact occurs between a child and an adult or an older, more powerful youth including, but not limited to fondling, intercourse, incest, and the exploitation of a child through or exposure to pornography.
5. Ritual abuse is abuse in which physical, sexual, or psychological violations of a child are inflicted regularly, intentionally, and in a stylized way by a person or persons responsible for the child’s welfare.

*Church -* the local congregation.

*Church Employee* - an individual who is not appointed by the Bishop but receives payment from the church for work or services performed directly for CUMC.

*Constituent -* any adult who attends worship and/or is consistently active in other areas of the life of the local congregation named, but who has not placed her or his membership with the local congregation.

*Covenant Statement –* Form A (attachment). Review and sign every two (2) years.

*Leader* - anyone directly responsible for supervising and overseeing a specific church-related function, event, or activity.

*Member* - any adult who has placed her or his membership with Collierville United Methodist Church.

*Parent* or *Guardian* - any parent, stepparent, foster parent, grandparent, or appointed guardian who has the general responsibility for the health, education, or welfare of a child or an adult with special needs

*Pastoral Staff* - clergy appointed to serve at Collierville United Methodist Church by the Bishop.

*Preschool Staff* - employees who receive compensation from the church for work performed for CUMC Preschool.

*Program Staff* - employees of the church who are responsible for specific ministries in the church, i.e. children’s ministries, student ministries, music ministries.

*Sexual Contact* - the intentional touching of the intimate parts or the clothing covering the immediate area of the intimate parts of a child, a youth, or an adult.

*Sexual Exploitation* - allowing, permitting, or encouraging a child or an adult with special needs to engage in prostitution or depiction or actual or suggestive sexual contact by means of photographing, filming, creating electronic or computer-generated images, or any other form.

*Volunteer* - any person not receiving a salary, wages, or other compensation for providing any services, care, guidance, assistance, or supervision for any child or any adult with special needs within a church-related function, event, or activity.

*Youth/Student* - a young person who is beginning 6th grade and continuing through the completion of 12th grade.

1. **FACILITY REQUIREMENTS**
   1. All persons over age eighteen (18), when engaged with those under Safe Sanctuary protection will maintain visibility at all times either by means of a viewing window and/or open door. If a viewing window is not available, the door of the room will remain open, unless otherwise stated herein.
   2. All offices of employees and pastoral staff will be equipped with a viewing window that is not obstructed at any time.
2. **POLICY REVISIONS and REVIEW**
   1. The Safe Sanctuary Policy will undergo a biennial review by the Safe Sanctuary Committee and the CUMC Staff and will be known as the Periodic Review.

If however, prior to the biennial review, Policy revisions arise that are critical to the function of the Safe Sanctuary scope, then those revisions will be reviewed and incorporated into the Policy at need and at will.

Either the Senior Pastor/Designee or the Executive Pastor/Designee and one member of the Safe Sanctuary Committee will confer to determine the inclusion of the proposed revision if the revision occurs out of the biennial review cycle.

If this Policy revision is of the nature to warrant an out-of-cycle assessment and inclusion in the Policy, then an approval by the Board of Trustees is justified. With the Board of Trustees approval, the specific Policy revision will be incorporated without delay.

The Chairman of the Administrative Board will be informed of the out-of-cycle Policy revision and will determine an appropriate method to inform the Administrative Board of the revision. Examples: 1) The Administrative Board Chairman may choose to accept the recommendation of the Trustees immediately on behalf of the Administrative Board and then review the Policy with the Administrative Board at the first available opportunity. [**Note:** *the Administrative Board members may have to concede this authority to the Chairman prior to the Chairman assuming this acceptance of the Policy.]* 2) The Administrative Board Chairman may poll via email the members of the Administrative Board about the revision. A 51% majority of the entire membership must agree with the revision. This does not mean a 51% majority of those who respond to the email but a 51% majority of the entire body of voting members.

* 1. Version revisions will be specific to content or subject revision and will require the completion of the process declared in this section (5). Policy revisions which are administrative or editorial in scope and are specific to spelling, punctuation, etc. do not require a version revision.
  2. Individuals or groups within the church who are proposing revisions to this document will submit the revisions in writing to the Safe Sanctuary Committee.
  3. The Safe Sanctuary Committee, in conjunction with the staff, will review the revisions/recommendations and then forward the proposals to a civil, legal authority for review, i.e., an attorney. If that authority recommends changes to the Policy, the document will be returned to the Safe Sanctuary Committee to incorporate the changes. The revised document will again be submitted to the civil, legal authority for another review. When the changes/revisions have been made to the satisfaction of that legal authority, the document will be submitted to the Board of Trustees for review. If the Board of Trustees does not approve the Policy revisions, the revision process which began in section 5.3 will start again.
  4. If the Board of Trustees approves the recommended changes/revision, the revised Safe Sanctuary Policy will be submitted to the Administrative Board for final approval.
  5. On the date of approval by the Administrative Board, that version of the Safe Sanctuary Policy becomes issued.
  6. The version letter and issue date will be recorded on the second or third page of this document and will be acknowledged as a version change.

1. **IMPLEMENTATION and TRAINING**
   1. The Safe Sanctuary Policy will be issued on the date of approval by the Administrative Board.
   2. The Safe Sanctuary Committee in conjunction with the CUMC staff will determine the training content.
   3. CUMC clergy or staff will ensure that individuals assigned as Safe Sanctuary Trainers have been informed and trained on the current version letter of the Policy prior to the next scheduled Safe Sanctuary Volunteer and/or New Employee Training Session. Scheduled Safe Sanctuary Training may be suspended until Trainers have been informed and trained in the current version of the Policy.
   4. All Safe Sanctuary Volunteer and New Employee Training will be provided by designated employees and pastoral staff.
   5. Training Process and Schedule
      1. Initial Safe Sanctuary Training and every four (4) years thereafter will be completed in a formal classroom setting.
      2. All documents required for completion of a background check (including a National Background Check) will be completed and returned to the Trainer at the conclusion of the training session.
      3. An individual who seeks to maintain Safe Sanctuary trained status will be required to complete training every two (2) years after initial training has been completed. The date of the most recent training is noted on the back of the Safe Sanctuary Response Card. Safe Sanctuary Maintenance training can be completed either in a formal classroom setting or online (if available).
      4. A status review and identification of individuals who arrive at the 2-year re-training cycle are identified by the following:
2. A CUMC staff member will conduct a regular review of the Safe Sanctuary database. This database contains all individuals who have been Safe Sanctuary trained and their training dates. A CUMC staff member will:

* Notify volunteers of the re-training requirement three months prior to the 2-year training anniversary.
* Send the CUMC staff a list of all volunteers who are approaching their training anniversary date.
* A CUMC staff member will notify any volunteer directly involved with the specific program/ministry of the staff member.

1. The CUMC staff will rely on the above process and will also review all volunteers for Safe Sanctuary status who intend to support a specific event or activity led by the CUMC staff member.
   * 1. Safe Sanctuary Maintenance training will be completed at any classroom training session following the time of the re-train notice but no later than 30 days following the previous training anniversary date. If re-training has not been completed within this timeframe, volunteerism will be suspended.
     2. Online Re-training Process (if available):

* The volunteer will be directed to a secure web-site for training.
* The volunteer will complete the online presentation and test. A record of online completion will be emailed to the Executive Pastor or Designee.
  + 1. The Covenant Statement – Form A – will also be reviewed, signed and retained for record at the 2-year retraining cycle. (See Section 3 – Definitions – Covenant Statement.)
    2. All volunteer Safe Sanctuary training completions will be recorded by the Office Manager.
    3. When revisions are made to the Policy, training specific to the revisions will be required.
    4. Additional, more specific training may be held by individual ministry departments, as needed.
    5. Staff members who are part of a rotating schedule to perform Safe Sanctuary Training for volunteers and new employees are exempt from the 2-year re-training requirement. The intent is for the CUMC staff members who routinely present Safe Sanctuary Training are current with all training materials to include the most recent version of The Policy.

**6.6** Training, documentation, and signature requirements for each identified group are named in the table below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ENTITY** | **Training**  (every 2 years) | **Background Checks (National & other)**  (every 4 years) | **Employee or Volunteer Application** (once) | **Copy of Safe Sanctuary Policy** | **Covenant Signature** (every 2 years) | **Agreement with Hold Harmless Agreement1** |
| Church Pastors, Staff, Adult Volunteers | X | X | X | X | X |  |
| Interns (ages 18-21) | X | X | X | X | X |  |
| Youth Volunteers (ages 12-17) | X | Beginning at age 18 | X | X | X |  |
| Outside Group Involving Adults | NA | NA | NA | NA | NA | X |
| **ENTITY cont.** | **Training**  (every 2 years) | **Background Checks (National & other)**  (every 4 years) | **Employee or Volunteer Application** (once) | **Copy of Safe Sanctuary Policy** | **Covenant Signature** (every 2 years) | **Agreement with Hold Harmless Agreement1** |
| Outside Groups involving Children, e.g. Girl Scouts, Sport Teams | Proof of above | Proof of above | NA | Proof of above | By Main Leader Only | X |
| Boy Scouts (Organization Chartered by our Church)  \*CUMC actions required if similar or equal organizational documents cannot be produced by the party(ies) involved. | NA\* | NA\* | NA\* | NA\* | NA\* | X |

*1Agreement found in Facilities Use Guidelines*

**6.7** ADDITIONAL TRAINING

6.7.1 Any training required for a position or ministry responsibility will be provided to the staff person or volunteer at no cost to her/him.

6.7.2 Required training will be provided in the following manner:

|  |  |  |  |
| --- | --- | --- | --- |
| **ENTITY** | **Initial Training** | **CPR** | **Training Updates** |
| CUMC Pastors and Staff | X | X  and recertification to remain current (certification in personnel file) | Biennial Training |
| Interns | X | X  and recertification to remain current (certification in personnel file) | Biennial Training |
| Volunteers relating to Missions outside the Church | X | Optional | Biennial Training |
| Volunteers relating to Children/Youth ministries (including Youth Volunteers Ages 12-17) | X | Optional | Biennial Training |
| New Members  and Guests | During Newcomer Classes, volunteer application and background check form shall be distributed, including a Fact Sheet (Appendix A) regarding policies, procedures, and training for the safe keeping of those under Safe Sanctuary Protection. | | |
| CUMC Congregation | Invitation to join monthly training for the purposes of becoming aware of Safe Sanctuary policies and procedures and of being better prepared to live out the covenant of care. | | |
| All Age Level Ministries | Additional guidelines will be delineated during employee/volunteer training processes within each age division. | | |

1. **REQUIREMENTS and STANDARDS of STAFF and VOLUNTEERS**
   1. RESTRICTIONS
      1. Volunteers must be a church member or constituent for a minimum of 6 months prior to serving in a leadership role in a ministry that will serve those under Safe Sanctuary protection.

In cases where former church members or well established volunteers from other churches move to the Collierville area and desire to begin volunteering with those under Safe Sanctuary protection before the six-month waiting period, then the following procedures must be followed:

a) A letter must be submitted to the Executive Pastor detailing the reasons for a possible exemption. Upon approval from the Executive Pastor and one or both of the following: the Leader/Director of the ministry area, specific activity, class, event OR a Designee from the Safe Sanctuary Committee, the following steps will be taken.

b) Safe Sanctuary trained and back ground checked.

c) Two (2) references [preferably church staff or employers] will be called by either the director of the ministry area or the Executive Pastor.

d) Until the completion of the 6-month waiting period, said adult cannot be counted in the ratios as an adult, but that individual can be present, volunteer, or lead the activity, event, class, etc.

e) Said person and all of the volunteers (a minimum of two) will be notified of the "pre-six month" status of said person, emphasizing that the trained, tenured volunteers are being watchful eyes that all policies and procedures are being followed.

* + 1. No person will volunteer in any church ministry involving those under Safe Sanctuary protection:

1. if that person has had a verdict or judgment rendered against him/her in any criminal action arising out of any personal act or conduct related to sexual abuse of a child, youth, or an adult with special needs. This qualifying rule will apply without reference to a time frame in which the verdict or judgment was rendered.
2. if that person has acknowledged or admitted that he/she has participated as a perpetrator in any previous act of sexual abuse of a child, a youth, or an adult with special needs. This qualifying rule will apply without reference to a time frame or whether a civil or criminal verdict or judgment was rendered.
3. if that person is currently under investigation or indictment for any violent crime and or sex related crime.
   * 1. All volunteers and staff must be four (4) years older than the participants (excluding any volunteers working with adults with special needs).
     2. Primary leaders of student ministries (grades 6th and above) must be a minimum of 22 years of age.
     3. Primary leaders of children’s ministries (infant to 5th grade) must be a minimum of 18 years of age.
     4. Youth Interns between the ages of 18-21 will be considered volunteer assistants, can be counted as an adult in the adult/child ratios and must have one other primary leader present and must be four (4) years older than the particular group working with.
     5. Volunteer assistants between 12-17 years of age and 4 years older than the participants, shall not be counted as an adult in the child/adult ratios and must have at least two other primary leaders present.  Children under 12 cannot assist as volunteers.
   1. BACKGROUND CHECK
      1. A background check (including a National Background Check) will be performed every four (4) years after the initial background check, or as decided by the Safe Sanctuary committee.
      2. The chain of custody of background check documents will be the responsibility of the Safe Sanctuary Session Trainer to the designated administrator.
      3. All background check documents will be secured in the office of a designated administrator.
      4. A background check and its required documents will be conducted by designated administrative staff and reviewed by the Executive Pastor or designee.
      5. Optional: At the 2-year retraining cycle, review the volunteer record via online abuse registries such as: “Abuse Registry – TN.Gov.” <https://www.tn.gov/didd/divisions/protection-from-harm/abuse-registry.html>;
      6. Listed in the table below are background documentation requirements for CUMC employees, those seeking employment with CUMC and volunteers who are or may be in direct contact with persons under Safe Sanctuary protection. Following the successful completion of the initial background check, each CUMC employee, volunteer and adult leader of a non-CUMC organization will undergo a background check every four (4) years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ELEMENT** | **Application for Employment** | **Background Check (National & Other) Release** | **Undergo Background Check (National & Other)** | **References (Personal and/or Institutional)** |
| Employee | X | X | X | 3 – to be contacted by CUMC staff, Form C |
| Volunteer | NA | X | X | 2 – to be submitted, Form C |

* + 1. Results of the background check will be limited to designated individuals.
    2. Employment applicants and volunteers who are not hired or allowed to volunteer as a result of an adverse background check will be notified and may be provided a copy of the background check by the third party vendor if requested.
    3. Current employees and volunteers will be notified by a pastor of an adverse background check.
    4. Background check documents – forms, results and records will be stored in a secured area. These documents will be shredded every four years and only current records will be kept on file.
    5. Background check results will be updated in the database.
    6. The program director of the ministry in question and the Executive Pastor will make a final determination as to the suitability of any volunteer to serve.
    7. All employment offers for Preschool positions will be made in compliance with existing CUMC Pre-School policies and state childcare regulations and policies.
    8. During periods of high volume activities/events, initial background checks will be performed more frequently to accommodate the volume of applicants and the results will be entered in the database on a regular basis to be determined by the Office Manager and any designee.
    9. Prospective employees or volunteers intending to work with or support those under Safe Sanctuary protection will not perform any activities until the background check results have been received.
  1. NON-CUMC ORGANIZATION REQUIREMENTS

Non-CUMC organizations are those which gather and meet at CUMC facilities but which are not directly related to the ministries and missions of the CUMC community. These organizations are subject to the following requirements:

1. sign a *Hold Harmless* agreement prior to utilizing CUMC facilities (reference and complete in *Facilities Use Guidelines*)
2. provide a copy of the “Safety Policy” of the organization to be reviewed by Executive Pastor or designee to determine that the level of the standards meet or exceed the CUMC Safe Sanctuary Policy
3. provide documentation including dates of last background checks and trainings on all adult staff and volunteers (18 years and older)
4. the main leader will sign a “Covenant Statement” representing their group (reference Table 6.5).
5. promptly report abusive or inappropriate behavior to the appropriate authorities and Senior Pastor
   1. IDENTIFICATION

* While participating in ministries on CUMC campuses, volunteers will wear names tags at all times when working with those under Safe Sanctuary protection. Staff will wear their official nametags at all times.
* Name tags will be supplied by the respective ministry areas for volunteers to wear during activities and ministries.

1. **CLASSROOM RULES and RATIOS**
   1. Parents and/or Legal Guardians are required to check-in and check-out the child/children from birth through 5th grade according to the appropriate Policy.
   2. Preschool Requirements defer to Preschool Handbook or Training Manual.
   3. Staff/Volunteers will not use physical force except in self-defense or for the protection of those under their care. *It is against CUMC policy to use corporal punishment.*
   4. Two-Adult Rule/Rule of Three (“Back-Up Rule”)
      1. Two-Adult Rule (Golden Standard Rule) - At least two screened, adults (unrelated) should supervise each classroom, vehicle or other enclosed area during an activity or event. Student helpers, ages 12-17, do not quality as “adults.” If a minor requests a private discussion, the meeting will be held in view of a second adult.
      2. “Rule of Three”(Back-up Rule) - If it is not possible to support the “Two-Adult Rule”, a “Rule of Three” may be an option. This requires at least three people to be present during activities. One of the three people must be a screened adult. The other two people could be a youth helper and a participant or two activity participants. This rule could be used for supervising children who are old enough to provide some accountability but who are no younger than five years old2. (22017 Brotherhood Mutual Insurance Company – *10 Things You Should Know About Child Protection)*
   5. RATIO: *ADULT TO CHILD – Daycare, Nursery, or Preschool Note: Follow the 2-Adult rule at all times.*

|  |  |
| --- | --- |
| **Category/Age** | **Ratio** |
| Infants (non-handicapped and not walking) | 1:4 |
| Toddlers (non-handicapped and walking) | 1:6 |
| 2 years of age | 1:7 |
| 3 years of age | 1:9 |
| 4 years of age | 1:13 |
| 5 years of age and above | 1:16 |
| 6 years of age | 1:20 |

* 1. RATIO: *ADULT TO CHILD – General and Overnight Note: Follow the 2-Adult rule at all times.*

|  |  |
| --- | --- |
| **Category/Age** | **Ratio** |
| Grades Kindergarten-3 | 1:8 |
| Grades 4-8 | 1:10 |
| Grades 9-12 | 1:12 |

* 1. RATIO: *MIXED AGE GROUPS* *Note: Follow the 2-Adult rule at all times.*

|  |  |
| --- | --- |
| **Category/Age** | **Ratio** |
| 6 weeks to 30 months | 1:5 |
| 2 to 3 years old | 1:8 |
| 2 to 4 years old | 1:8 |
| 2 1⁄2 to 3 years old | 1:9 |
| 2 1⁄2 to 5 years old | 1:11 |
| 3 to 5 years old | 1:13 |
| 4 to 5 years old | 1:16 |
| 5 to 12 year old | 1 to 20 |

* 1. RESTROOM GUIDELINES

Preschool (Weekday) – Refer to Preschool Handbook

Other Church-related Preschool age events:

* If not potty trained will be limited to the nursery care during the pre-school age children’s programing.
* Once potty trained, children are welcome to join the pre-school age children’s programming.
* For rooms with adjoining bathrooms, volunteer/staff should stand at door with door slightly ajar.

Kindergarten and Older:

* For any child whose room does not have a bathroom, a volunteer should accompany the child to the bathroom and wait for him/her in the hall. First, check to ensure that the bathroom is safe.
* Use “Rule of Three”

Accidents and Mishaps:

When an accident or mishap befalls a child who is potty trained but needs adult assistance (such as a change of clothes, etc.), the volunteer will contact the parent or guardian for guidance on the care of the child. If the parent is unable to be contacted, the volunteer will seek the help of another adult and will document the actions taken until the parent or guardian is contacted or arrives on site.

* 1. An “Open Door Policy” will be instituted at all times. Classrooms and child care rooms may be visited without prior notice by church staff, parents or other volunteer church workers, e.g., Sunday School Superintendent, at any time. Brief observations of child care rooms and classrooms of children, youth or adults with special needs are conducted by pastors and primary leaders during all activities.

**9.0 DIGITAL COMMUNICATION**

**9.1** The program director or staff member should outline when the use of mobile devices is appropriate.

**9.2.** When text messages are necessary, youth workers should send group text messages and not to individuals. A parent or guardian or another ministry leader should be copied on the text message.

**10.0 TRANSPORTATION**

CUMC recognizes the Memphis Conference Policy for transportation and will follow those requirements. In addition and when possible, add two (2) additional Safe Sanctuary Trained adults along with the Safe Sanctuary Trained bus driver, so that the bus driver can focus solely on the driving.

**11.0 RESPONSIBILITY**

These individuals will be responsible for receiving, reviewing, confirming, and processing all employment and volunteer applications and background check documents:

1. The staff leaders for Safe Sanctuary Training events will collect all required documentation, ensure that all signatures have been completed, complete the office staff checklist (contained within the Safe Sanctuary training supplies), and insure that all documents are received by the Office Manager or designee.
2. Under the direction of the Executive Pastor, all employee and volunteer background checks will be processed by the Office Manager or designee.
3. The background check review and any subsequent follow-up communication is the responsibility of the Executive Pastor.
4. The Executive Pastor will notify the specific program director (Vacation Bible School, Music, etc.) of the result of the background check of the program or ministry volunteer.
5. The Safe Sanctuary employee/volunteer database will be reviewed and updated monthly as assigned by the Executive Pastor.

**12.0 REPORTING AND RESPONSE**

**12.1** Reporting abuse or alleged abuse and/or incidents is mandatory and is to be reported in accordance with Tennessee Law/Code *to include but not limited* to Tennessee Code Ann § 37-1-605 and 37-1-403.

* 1. Order by which to report an incident that has either been reported to you, you have knowledge of or have witnessed, immediately (reference Forms E and F):

1. Contact Department of Children’s Services. *THIS CALL IS REQUIRED AND MANDATORY:* Contact Department of Children’s Services: 1-877-237-0004.
2. If immediate concern or danger: *Call 911 or Collierville Police 901-853-3207*
3. Tennessee law states that the person reporting the incident may maintain anonymity.
4. If an incident were to happen that is in anyway remotely affiliated with the church, the appropriate church officials, a Collierville UMC pastor, must be fully informed and follow the necessary and appropriate protocol to properly deal with the incident.

**12.3** When the Senior Pastor or designee becomes aware or is notified of an incident, the Senior Pastor or Designee will contact legal counsel that an event or incident has or may have occurred. Subsequent actions by CUMC will yield to the legal authorities and will defer and cooperate with any outside authority investigation. Reference Form E.

**12.4** The confidentiality and anonymity of all persons involved will be safeguarded to the greatest extent possible during the investigation.

**13.0 APPENDIX A - STUDENT MINISTRIES**

*HOUSING*/*ROOMING*

***Setting***

1. Dormitory/ Cabin

• At least two adults of the same gender as the residents should be assigned to each room of youth or children. Follow “Adult/Child Ratios” to determine when to add additional adults.

• Adults should not share the same bed with a youth or child under any circumstances.

• Adults should not to be alone with a youth or child in a room.

1. Motel/Hotel

• Two adults mandatory

* Select a hotel with rooms opening to the interior (i.e. a closed hallway) of the building. Where possible, select adjoining rooms on a single hallway.

• When two adults cannot be assigned to a room housing youth, the youth should be roomed separately from the adults. If adjoining rooms are available with doors that can be left in the open position, adults can be allowed to be in one room while the youth occupy the other room.

• An adult should not share a bed with a child/youth *unless the adult is the parent of the child/youth*.

• Where adults need to be assigned to separate rooms, it is recommended that one adult room be located between every two youth rooms on the hall.

• Morning and evening room checks should involve two adults of the same gender as the room residents.

*MENTORING and COVENANT*

* A Mentoring Program and Guidelines/Regulations are detailed in the Student Ministries Handbook.
* There must be a covenant between the parent/guardian and the assigned mentor with the guidelines stated in the Student Ministries Handbook with the option for additional comments or guidelines desired by the parent/guardian. This covenant must be signed by the parent/guardian, dated, and copies given to the parent/guardian, mentor, and the church organization sponsoring the program.

**REMAINDER OF PAGE INTENTIONALLY BLANK**

**14.0 APPENDIX B**

**FACT SHEET**

The facts below constitute the most important facts and practices for keeping the children, youth, adults with special needs, volunteers and staff of Collierville United Methodist Church safe at all times.

**Requirements and Standards of Staff and Volunteers**

* Age
  + - All volunteers and staff must be four (4) years older than the participants.
    - Primary leaders of student ministries (grades 6th and above) must be a minimum of 22 years of age.
    - Primary leaders of children’s ministries (infant to 5th grade) must be a minimum of 18 years of age.
    - Youth Interns between the ages of 18-21 will be considered volunteer assistants, can be counted as an adult in the adult/child ratios and must have one other primary leader present.
    - Volunteer assistants between 12-17 years of age and 4 years older than the participants, shall not be counted as an adult in the child/adult ratios and must have at least two other primary leaders present.  Children under 12 cannot assist as volunteers.
* Six-Month Rule: volunteers must be a member or active constituent for six months before allowed to volunteer with children, youth or adults with special needs.
* Safe Sanctuary Training is required every two years for staff and volunteers
* Applications, references and background checks will be required
* Wear Volunteer or Staff name tags at all times.

**Classroom Rules and Ratios**

* Two-Adult Rule – All programs are to utilize two adults in any programming with children and youth.
* Rule of Three – If the Two-Adult Rule is not possible, always have three persons present during activities, one a screened adult.
* See Policy 8.6 & 8.7 for Adult to Child Ratios
* See Policy 8.8 for Restroom Guidelines
* *It is against the CUMC policy to use corporal punishment*

**Facility Requirements**

* Visibility must be maintained at all times – viewing window and open door
* All offices of employees and pastoral staff will be equipped with a viewing window

**Transportation - Travel to or from Programmed Events**

* **Church Bus and Rental Vehicles**
  + All drivers must qualify through the churches motor vehicle insurance.
  + Minimum of 25 years old to drive CUMC bus.
  + Follow Two Adult Rule and have a Safe Sanctuary trained bus driver, if possible
  + Child safety seats required
* **Personal Vehicle**
* Minimum of 22 years old to drive personal vehicle
* Where possible, it is recommended that two adults be placed in each vehicle or the vehicles remain within eye sight of one another at all times.

**Response and Reporting**

* Notification is mandatory. Reporting abuse or alleged abuse and/or incidents is required and mandatory.
* Report to: the Department of Children’s Services and/or Police.
* If an incident were to happen that is in anyway remotely affiliated with the church, the appropriate church officials, a Collierville UMC pastor, must be fully informed.

**FORM A**

**Collierville United Methodist Church Volunteer Application**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  |  |  |
|  | Last | First | Middle |
|  |  |  |  |
| **ADDRESS:** |  |  |  |
|  | Street | City | State, Zip Code |
|  |  |  |  |
| **PHONE:** |  |  |  |
|  | Cell | Work | Home |
|  |  |  |  |
| **DATE OF BIRTH:** |  |  |  |
| **CHURCH MEMBERSHIP and date joined:** | |  |  |

Please check the ministry(ies) in which you are seeking to volunteer:

|  |  |  |
| --- | --- | --- |
| Nursery 🞏 | Preschool 🞏 | Children 🞏 |
|  | | |
| Youth 🞏 | Recreation 🞏 | Mission Trip 🞏 |
|  | | |
| Adults with Special Needs 🞏 | | Other 🞏 |

Please indicate the area of service or specific job for which you seek to be involved with Children, Youth or Adults with Special Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |
| --- | --- | --- |
| **The Safe Sanctuary Trainer will:** |  | **CUMC Office Use Only** |
| \_\_\_\_\_\_\_ Ensure that Applicant and Trainer Sign and Date | \_\_\_\_\_\_ Office Manager will  record application, file,  date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_ Ensure that Form B, “Disclosure and Authorization Form,” is complete |
| \_\_\_\_\_\_\_ Ensure that Form A, “Covenant Statement,” is complete |
| \_\_\_\_\_\_\_ Ensure that Applicant takes 2 copies of Form C, “Reference Check” |
| \_\_\_\_\_\_\_ Submit all documents to the Office Manager or place in folder and  drop in deposit box outside Finance Administrator’s office |
| \_\_\_\_\_\_\_ Email the Office Manager if placed documents in the deposit box |

**Collierville United Methodist Church**

Please check one:

\_\_\_ Employee – 3 forms must be filled out by hiring supervisor

\_\_\_ Volunteer – 2 forms mailed back in

**Covenant Statement**

**To be completed after a Safe Sanctuary Training:**

As a Christian, I am an integral part of the Body of Christ, gifted for service, and have been called to work in the name and by the power of Christ in my church and in my community. I believe that my work as a staff member/lay volunteer at Collierville United Methodist Church is a response to that call. Because I am a part of a community of believers, the Body of Christ, I am responsible to and for others. These relationships are a trust given to me by God and God’s Word requires that those who have been given this trust prove themselves faithful in their care and work, that we live in such a way to show ourselves worthy of the calling we have received from God. (1 Corinthians 4:2, Ephesians 4:1)

Collierville United Methodist Church is dedicated to the safety and well-being of all Children, Youth, and Adults with Special Needs who participate in any program or event included in the life of this congregation. As a staff member/lay volunteer striving to be faithful to the trust given to me I agree to:

* Read and adhere to the CUMC Safe Sanctuary Policy
* Observe and abide by all church policies regarding the work of ministry with Children and Youth
* Observe the “two unrelated adult rule” at all times unless it is completely unavoidable
* Participate in training, education, and update events provided by the church related to my volunteer position/assignment
* Promptly report abusive or inappropriate behavior to the appropriate person(s)
* Inform a minister of this congregation if I have ever been convicted or charged with of child abuse or any other violent crime
* Immediately report to the pastor of the congregation any arrest that would disqualify me form the status of volunteer for ‘Safe Sanctuary’

I acknowledge that I have attended the Collierville United Methodist Church Safe Sanctuary Training, have read the Safe Sanctuary Policy, and have read the Covenant Statement. I agree to observe and abide by the policies set forth above.

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

*Signature of Applicant Date*

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

*PRINT Name of Safe Sanctuary Trainer Signature of Safe Sanctuary Trainer Date*

**For the Safe Sanctuary Trainer:**

\_\_\_\_\_Sign and Date the Document

\_\_\_\_\_Ensure the documentation receipt by the Office Manager or place in a folder and ensure that documentation is secured in the Deposit Box outside of the office of the Finance Administrator.

\_\_\_\_\_Email the Office Manager with an alert that the documents have been placed in the Deposit Box.

**CUMC Office Use Only:**

\_\_\_\_\_Office Manager - record and file date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM B**

**Disclosure and Authorization Form**

Through this document, it is disclosed to me and I understand that a Consumer Report may be prepared about me as a part of my **Volunteer Service or Employment**. I authorize Collierville United Methodist Church to procure a Consumer Report also known a background check from **Data Facts, Inc**. and its agents to retrieve necessary information and prepare such Consumer Report. I hereby, authorize all government agencies or other organizations to release information regarding my personal history, including law enforcement records without restrictions. I understand that my consent will apply throughout my **Volunteer Service or Employment**, to the extent permitted by law.

I may request a copy of any report that is prepared regarding me and “A Summary of Your Rights, under the FCRA.” I may also request the nature and substance of all information about me contained in the files of the consumer reporting agency. I understand I have a right to inspect files with reasonable notice during regular business hours. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: **Data Facts, Inc**. PO Box 4276, Cordova, TN 38088-4276; ***www.datafacts.com****;* ***or*** phone (800)264-4110 or 901-685-7599.

**The following is for identification purposes in order to perform the background check and will be used only for that purpose.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | |  | | |
| *First Name* | | | *Middle Name* | | | *Last Name* | | |
|  | | |  | | |  | | |
|  | | |  | | |  | | |
| *Street Address* | | | *City* | | | *State, Zip Code County* | | |
|  | | |  | | |  | | |
|  |  | |  |  | |  |  | |
| *Length at Address* |  | | *Social Security Number* | | |  | *Date of Birth* | |
|  | | | | | | | | |
|  | |  | |  |  | | |  |
| *Driver’s License Number* | |  | | *State Issued* |  | | | *Expiration Date* |
|  | |  | |  | | | |  |

List any countries, cities, states you have lived in the previous 7 years.

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

**For CUMC Office Use Only:**

**Office Manager:**

\_\_\_\_ Background Check (BGC):

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

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

\_\_\_\_ Gives Application and Form B and completed

BGC to Exec.Pastor for review

\_\_\_\_ Record and file completed BGC, date: \_\_\_\_\_\_\_\_\_\_

**Executive Pastor:**

\_\_\_\_ Review BGC and return to Office Manager

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

List other names you have used in the previous 7 years.

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

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

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

*Signature of Applicant and Date*

**FORM C**

**Collierville United Methodist Church**

**Each volunteer** will complete and return two (2) of the Reference Check Forms to address below (in accordance with Section 7.2.6).

For each **perspective employee**, the designated staff member will contact three references and complete three (3) of the Reference Check Forms and return to the Executive Pastor (in accordance with Section 7.2.6).

**Reference Check Form**

Please complete this form as it relates to the person listed below and his/her characteristics and qualifications to work with children, youth, or adults with special needs. Use the back to share more information.

Applicant name:

Reference name: Phone:

Reference address: City: St: Zip:

What is your relationship to the applicant?

How long have you known the applicant?

Does he/she work well with others?

How would you rate him/her in the following areas? Please give explanations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Excellent** | **Good** | **Average** | **Poor** | **Do Not Know** |
| Personal Habits |  |  |  |  |  |
| Character |  |  |  |  |  |
| Morals |  |  |  |  |  |
| Compassion for those in need |  |  |  |  |  |
| Responsible to complete commitments |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |
| Christian maturity |  |  |  |  |  |
| Receives constructive criticism well |  |  |  |  |  |
| Health |  |  |  |  |  |
| Other Comments | | | | | |

Would you want this person working with your child or youth? Why/why not?

Reference inquiry completed by: \_\_\_\_\_\_\_\_ Date:

*Signature*

**Return completed form to**:

**For CUMC Office Use Only:**

\_\_\_ Reviewed by Exec Pastor, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Office Manager - record and file, date: \_\_\_\_\_\_\_\_\_\_\_

Executive Pastor, Collierville UMC

454 W. Poplar Ave., Collierville, TN 38017

**REMAINDER OF PAGE INTENTIONALLY BLANK**

**FORM D**

**[Deleted – combined with Form A]**

**FORM E**

**For CUMC Office Use Only:**

Upon completion, submit to Executive Pastor to file, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Collierville United Methodist Church**

**Incident Report (Church related or on CUMC campuses)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***THIS CALL IS REQUIRED AND MANDATORY:***Contact Department of Children’s Services: **1-877-237-0004. If immediate concern or danger:** *Call 911 or Collierville Police 901-853-3207*  If an incident happens that is in anyway remotely affiliated with the church, the appropriate church officials, a Collierville UMC pastor, must be fully informed and follow the necessary and appropriate protocol below to properly deal with the incident. | | | | | | | |
| Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Call the Tennessee Department of Children’s Services - 1-877-237-0004.** | | | | | | | |
| Call made by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Call Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Call End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Name of Contact at TN Dept. of Children’s Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Ref. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| *This form is designed to assist in the collection of information. Please follow these steps and complete the form as soon as possible.* ***\*Note:*** *The person completing this form may or may not be the person who observed the incident.* | | | | | | | |
| ***The documented record of an incident by Collierville United Methodist Church is mandatory,***  ***must be in accordance with Tennessee code and legal procedures, and will remain private under the***  ***guidance of CUMC legal counsel and civil authorities.*** | | | | | | | |
| ***Anonymity, privacy, and protection of all individuals involved in the incident must be protected.*** | | | | | | | |
| **\***Name of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **1.** Enter the following information: | | | | | | | |
| a. Area of Incident (Circle Appropriate Area): | | | | | | | |
| Preschool Children Youth Adults/Special Needs | | | | | | | |
|  | | | | | | | |
| b. **OPTIONAL:** Name and Position of staff member or volunteer observing or receiving disclosure of an incident: | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |
| c. **OPTIONAL: Report Summary** ***Legal authorities will provide the document of record.*** | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **2.** If affiliated with the church, notify a Collierville UMC Pastor and Department Director of the Incident: | | | | | | | |
| Name of the Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date of Notification: \_\_\_\_\_\_\_\_ | | | |
| **OPTIONAL:** Summary of conversation with Pastor: | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Name of the Department Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date of Notification: \_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **OPTIONAL:** Summary of conversation with Department Director: | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **3.** Collierville UMC Pastor to notify Church Legal Counsel | | | | | | | |
| Call made by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Call Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Call End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | ***OR*** | | |
| Approximate length of Call Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Name of Church Legal Counsel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Conversation Summary: | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |
| **4.** Legal Counsel to notify Insurance Company | | | | | | | |
| Call made by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Call Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Call End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | ***OR*** | | |
| Approximate length of Call Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Name of Church Legal Counsel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Conversation Summary: | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
|  | | | | | | | |
| **5.** Documentation of any subsequent actions, if necessary. For example: Conference Communications. | | | | | | | |
| Summary: | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**FORM F**

**SAFE SANCTUARY RESPONSE CARD and TRAINING RECORD**

**FRONT**

**Collierville UMC**

**Safe Sanctuary Incident Response Card**

When an incident of abuse occurs, please respond in following order:

1. **THIS CALL IS REQUIRED AND MANDATORY:** Contact Department of Children’s Service - **1-877-237-0004**
2. **If immediate concern or danger:** Call 911 or Collierville Police 901-853-3207.
3. Comfort and reassure the victim.
4. If incident is affiliated with the church, notify a Collierville UMC pastor that an incident has occurred **– On-Call Pastor: 901.471.6630**.

**BACK**

**Collierville UMC**

**Safe Sanctuary Incident Response Card**

*Name*

*Date of Safe Sanctuary Training*