Statement Of Policy

The people of Boiling Springs United Methodist Church come from a variety of experiences, backgrounds, and needs. Many of our people have children in preschool and youth areas. Church leadership is committed to providing an environment that is as safe as possible for children, youth and vulnerable adults who attend the church or any church sponsored programs or activities, and to take the necessary precautions to protect church leaders and volunteers from allegations of abuse.

Church leadership recognizes the need to have formal, written policies and guidelines to help prevent the opportunity for, or the appearance of abuse to a minor or vulnerable adult. The following procedures are not based on a lack of trust of a particular worker, but instead are needed to protect our children, youth, vulnerable adults, employees, volunteers, and the entire church body.

“Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these.” “And he took the children in his arms, put his hands on them and blessed them.” Mark 10:14, 16.
“Now it is required that those who have been given trust must prove faithful.” 1Corinthians 4:2

Procedures for Safe Ministry with Children and Youth

Every group involved with working with children and youth are required to follow these procedures. Participation in UMYF is limited to youth in 6th – 12th grades and whose age does not exceed 19. There may be some instances where an exception may need to be made. That decision will be made by the Safe Sanctuary Committee consisting of the Pastor, Lay Leader, representatives from the children, youth and vulnerable adults area of ministry. Those children in 5th grade and under are considered to part of the children’s ministries.

1. At least two approved adult workers should be present at all times during any church sponsored programs, event, or ministry involving children or youth. In situations where multiple groups are meeting at the church at the same time (e.g. Sunday School), the Sunday School Superintendent or their designate will rotate among the different children/youth groups.

2. When two adult workers are not available at all times in a room during church sponsored programs involving children; doors without glass panels will remain open. The view into rooms through glass panels will not be obstructed.

3. The adult worker who will be present and assume primary responsibility for a church-sponsored program involving children/youth shall be at least 21 years of age. When working with teens, the primary adult worker will be at least 5 years older than the oldest teen.

4. Whenever possible, there should be an adult worker who is First Aid and CPR certified present during church-sponsored programs or events. Each classroom will be equipped with a small first aid kit containing gloves,
adhesive bandages, etc. A complete first aid kit will be kept in the kitchen of the Family Ministries Building and the church basement Nursery. The kits in the classrooms will be checked and replenished on a regular basis by the teacher or their assistant. The kits in the Nursery and Kitchen will be checked and replenished by the office staff.

5. The parents of children and youth participating in church-sponsored programs will be given advance notice of all expected activities for those programs. Parents will be provided with advance notice of variations in usual schedules and activities.

6. For on-site activities involving children/youth who are members and non-members of Boiling Springs UMC:

   • For children under the age of twelve, parents are required to complete a registration form for their child. This form will include emergency contact information, health concerns, allergies, medication being taken and pickup information. This applies to the nursery as well as all children’s programs and activities.

   • For children/youth twelve and older, if a parent is not available to complete a registration form, a phone call to the parent or guardian may be made by the primary adult worker to obtain verbal permission. The emergency contact information, health concerns, and any allergies should be noted on a registration form as well as the name of the parent or guardian giving permission.

7. Parents of children and youth participating in church-sponsored programs should pick up their child from the pre-designated area. Children will not be allowed to leave without an authorized adult.

8. The member of the Board of Trustees and the church office should be notified of usual meeting times as well as special events or programs that will be held at the church. Building reservations are made through the church office during regular business hours.

9. If a child/youth is injured or possibly injured in a church sponsored event, an “Accident Report Form” should be completed and submitted to the Chairperson of the Board of Trustees.

Off-site Day Activities

1. Parent permission forms, copy of insurance card and Covenant of Conduct must be received for all children/youth participating in offsite activities, including the children/youth of the chaperones. Each chaperone should have a copy of the permission forms in the event the group is separated and information is needed. A copy of the signed forms will be kept in the church office as well in case of emergency. Blank forms are available from the church office.

2. All drivers of vehicles for church sponsored events must be at least twenty-one years of age, possess a current, valid driver’s license, & have proof of insurance. The primary adult worker is responsible for verifying these requirements by reviewing the driver’s license and insurance card.

Overnight Activities

1. All procedures for off-site day activities must be followed.
2. Coed overnight activities require male and female leaders. No exceptions will be made to this policy.

3. Separate sleeping quarters must be provided for male and female participants for on-site and off-site overnight activities. Chaperones shall have separate beds from youth/children.

4. The youth/children and their parents/legal guardian will be required to sign a covenant agreeing to abide by the rules set forth by the Youth Leaders.

Boiling Springs United Methodist Youth/Children Parental Permission for Youth/Children Activity

To abide by the Safe Sanctuary policies of Boiling Springs United Methodist Church, this parental permission slip is necessary for proposed activities that are held outside of the scheduled meeting place, that involve travel, or that focus on sensitive or controversial topics. Leaders must have written permission from a parent/guardian in order for children to participate.

The BSUMC youth/children are planning _____________________________ on _____________________________ (date) to _____________________________ (location).

This program may be held outside the scheduled meeting place and/or involves travel.

What you will need to bring or provide for this event: _____________________________

_____________________________  _________________________________  
Adults are required under Safe Sanctuary to attend, these approved adults are: Scott Miller  Melissa Miller

Mode of Transportation: ___________car

Time and place of departure: _____________________________ from BSUMC

Time and place of return: _____________________________ at BSUMC (We will have your child call on our way home)

You can reach the leaders at any time during the activity at: 960-7109 – Scott; 730-2060 – Melissa

***************Tear & Keep *************** Tear & Keep ***************Tear & Keep***************

Youth's/Child's Name: _____________________________  
Event: _____________________________

(please initial one)  My youth/child will attend ________  My youth/child will NOT attend ________

Emergency Contact the leader should notify (Parent/Legal Guardian): _____________________________

Phone No.(s): _____________________________

Please list any allergies or health concerns the leaders should be aware of at this time: _____________________________

With your signature, you authorize Boiling Springs United Methodist Church to provide transportation for your youth/child if applicable. This also authorizes your youth/child to ride with a single adult driver approved by BSUMC if two adults per vehicle are not available. You also understand that the medical authorization from previously submitted for this participant will be in effect and used if an emergency arises during this event. You or the emergency contact listed above will be contacted as soon as possible should the need arise. You accept full responsibility for any expenses for medical treatment for your youth/child. You release Boiling Springs United Methodist Church and its representatives from liability in the event of accidental injury, illness or death.

Signed: _____________________________  Date: _____________________________

Procedures for Safe Ministries for Children, Youth, and Vulnerable Adults
Boiling Springs UMC
Boiling Springs United Methodist Youth/Children
Parental Permission for Youth/Children Activity

To abide by the Safe Sanctuary policies of Boiling Springs United Methodist Church, this parental permission slip is necessary for proposed activities that are held outside of the scheduled meeting place, that involve travel, or that focus on sensitive or controversial topics. Leaders must have written permission from a parent/guardian in order for children to participate.

The BSUMC youth/children are planning _____________________________ on
_______________ (date) to ________________________________ (location).

This program may be held outside the scheduled meeting place and/or involves travel.

What you will need to bring or provide for this event: ________________________________

_________________________________________________________________________________

Adults are required under Safe Sanctuary to attend, these approved adults are:

_____________________________  ______________________________

Mode of Transportation: ____________________________________________

Time and place of departure: ____________________________

Time and place of return: ____________________________________________

You can reach the leaders at any time during the activity at: ____________________________

Youth’s/Child’s Name: ____________________________
Event: ____________________________

(please initial one) My youth/child will attend ________ My youth/child will NOT attend ________
Emergency Contact the leader should notify (Parent/Legal Guardian): ________________________________

Phone No.(s): ____________________________________________

Please list any allergies or health concerns the leaders should be aware of at this time: ________________________________

With your signature, you authorize Boiling Springs United Methodist Church to provide transportation for your youth/child if applicable. This also authorizes your youth/child to ride with a single adult driver approved by BSUMC if two adults per vehicle are not available. You also understand that the medical authorization from previously submitted for this participant will be in effect and used if an emergency arises during this event. You or the emergency contact listed above will be contacted as soon as possible should the need arise. You accept full responsibility for any expenses for medical treatment for your youth/child. You release Boiling Springs United Methodist Church and its representatives from liability in the event of accidental injury, illness or death.

Signed: ________________________________ Date: ________

Children Information Sheet

Child’s Name ___________________________ Birthday ___________________________ Age _____________

Address _________________________________________ School _______________________ Grade __________

Parent(s) / Guardian(s) Information

1. Name: ________________________________ Relation to Child:____________________

   Address if different from child ________________________________________________________________

   Telephone #s Home: _____________________ Cell: _____________________ Work: ________________

   E-Mail Address: ________________________________ (for newsletters and program information etc.)

2. Name: ________________________________ Relation to Child:____________________

   Address if different from child ______________________________________________________________

   Telephone #s Home: _____________________ Cell: _____________________ Work: ________________

   E-Mail Address: ________________________________ (for newsletters and program information etc.)

Who may pick up my child

Name ________________________________ Relationship ______________________________

Name ________________________________ Relationship ______________________________
Name________________________________________________ Relationship ___________________

**Emergency Information:** Best phone # to reach you in case of an emergency:_________________________

Emergency Contact if you cannot be reached

Name: __________________________ Relationship to child_________Phone# ___________

**Allergies:** List any medications, allergies, or physical conditions we should know about (asthma, diabetes, etc)

__________________________________________

____________________________________

I give permission for my child to participate in activities at Boiling Springs UMC. I understand that snacks will be provided and I have listed any food allergies above. The volunteers at Boiling Springs UMC have my permission to meet the needs of my child in the case of medical emergency.

Parent Signature________________________________________ Date____________________

**Permission to Photograph** *(Permission to photograph can be changed at any time by contacting the church office at 894 3930)*

Boiling Springs UMC has permission to photograph my child to be used in the following manner:

___displayed in the classroom

___displayed during church programs

___Church Newsletters

___Church Web Sites

___does not have permission to photograph my child

Parent / Guardian __________________________________________ Date _________________

**Youth Information Form**

Youth’s Information:

Name: ________________________________

________________________________________

Birthday: ________________________________

Phone: Cell

Address: ________________________________

Email:

School: ________________________________ Grade: ______

Medical Conditions/Allergies: ________________________________

Parent(s)/Guardian(s) Information:

Name: ________________________________ Relation to Youth: ____________________

Address: (if different from youth)
Best Phone # to reach you in case of an emergency: 

How would you like to receive the youth newsletter?  Mail / Email 

If by email, what is your email address? 

Name: 

Relation to Youth: 

Address: (if different from youth) 

Best Phone # to reach you in case of an emergency: 

How would you like to receive the youth newsletter?  Mail / Email: 

If by email, what is your email address? 

Permission to Photograph

Boiling Springs UMC has permission to photograph my child to be used in the following manner (please check the appropriate situations for your child)

______ Displayed in the classroom
______ Displayed during church programs
______ Church Newsletters
______ Church Web Sites / Social Media
______ Does not have permission to photograph my child

Parent/Guardian _______________________________ Date: __________

Permission to photograph can be changed at any time by contacting

Child/Youth Fellowship Covenant of Conduct

Boiling Springs United Methodist Church

In all meetings, retreats, or other events under sponsorship of my church, I am a representative of the Christian community, and I am responsible for my actions. I commit myself to follow these guidelines:

1. I will respect others and treat them with the highest Christian regard.
2. I will participate in all group activities.

3. Youth will never drive other youth on group sponsored activities. Any exception will be decided by the Safe Sanctuary Committee.

4. I will treat facilities where we stay/meet with respect and leave them clean.

5. I will not enter the room of a member of the opposite sex without an adult from my group being present.

6. The clothes I wear and the language I use will be appropriate. This means I will act in ways that show respect toward others and honor God.

7. I will not possess or use alcohol, tobacco, or illegal drugs.

I have read and understand this Covenant of Conduct. To the best of my ability, I agree to abide by it. I further understand that if I break the Covenant, my parents will be contacted to pick me up.

Youth_________________________________________________________ Date____________________

I have read and understand this Covenant of Conduct and have discussed it with my child(ren). I further understand that if my child(ren) break the Covenant, I will be contacted to pick them up.

Parent/Guardian________________________________________________Date____________________

(REVISED 1-14-14)

Boiling Springs United Methodist Church
Procedures for Safe Ministries with Older and Vulnerable Adult

Older Adult includes those individuals 55 years old and older. Vulnerable Adult is a person 18 years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection.
Statement of Policy
Church leadership recognizes that we need to be able to continue to make disciples of Jesus Christ for
the transformation of the world in every generation and every age group. A comprehensive,
multidimensional approach to this ministry will include opportunities for spiritual growth, enrichment
learning, nutrition and fitness, intergenerational interaction, outreach, recreation and service. As we
plan these ministries, it is important and valuable to utilize Safe Sanctuaries screening and operating
procedures. Abuse of older and vulnerable adults comes in the same forms as child abuse. In addition
there is financial abuse of older adults within the context of ministries.

Procedures for Safe Ministry with older/Vulnerable Adults

Every group involved with working with Older and Vulnerable Adults are required to follow these
procedures. There may be some instance where an exception may need to be made. That decision will
be made by the Safe Sanctuary Committee consisting of safe sanctuary coordinator, lay leader,
background coordinator in addition to the Pastor and representative of the Trustees.

On-site Activities

1. At least two approved adult workers should be present at all times during any church
sponsored programs involving older/vulnerable adults.

2. When two adult workers are not available at all times in a room during church-sponsored
program with older/vulnerable adults doors without glass panels will remain open. The view
into rooms through glass panels will not be obstructed.

3. Whenever possible, there should be an adult worker who is First Aid and CPR certified present
during church-sponsored events. Each classroom will be equipped with a small first aid kit
containing gloves, adhesive bandages, etc. A complete first aid kit will be kept in the kitchen of
the Family Ministries Building and the church basement Nursery.

4. The member of the Board of Trustees And the church office should be notified of usual meeting
times as well as special events or programs that will be held at the church.

5. If a older/vulnerable adult is injured or possibly injured in a church sponsored event, an “Accident Report Form”
should be completed and submitted to the Chairperson of the Board of Trustees.

6. Groups from within the church or from outside the church who use the church facilities for any
type of event involving older/vulnerable adults must provide a minimum of two adults (age 21
years or older) at events.

Off-site Activities
1. Off-site activities may include but are not limited to home visits, hospital and home visits, extended care facilities visits, hospice care.

2. As a representative of BSUMC and its programs we should never visit at any off site location alone. At least two approved adult volunteers should be present at all visits. When there will be other family members present at the location, the visit can be conducted by teams of two even if the two members of the visiting team are related. When the older/vulnerable adult will be alone the visiting team should be comprised of at least two non-related visiting members because South Carolina Law (SC Code 19-11-30) states that a spouse is not compelled to testify against their spouse except when the communication was not vocal or if it concerned or was based on child abuse, neglect or death of a child or criminal sexual conduct involving a minor.

This policy does not prevent members from visiting or giving rides to others in their family or church family. This is meant to address those activities sponsored by BSUMC. It is not meant to put any hardship on any one program but to protect our older/vulnerable adults, our church and its volunteers.

**Transportation**

Before or after program, event, or ministry events, a volunteer, staff member, or minister may “pick up” or “drop off” a vulnerable adult at their home provided written permission has been given by the adult/parent/guardian.

**Code of Conduct**

The behavior of a vulnerable adult who is a constant disruption shall be discussed with his or her parents or legal guardian and the applicable group leader. Parents or legal guardian shall be asked to attend the Ministry to observe or control the problem behavior. A vulnerable adult who is disruptive or a danger to him/herself or others shall be removed immediately by the volunteer, staff member, or minister and the parents, legal guardian and the applicable leader shall be promptly notified.

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Boiling Springs United Methodist Church
Parent/Guardian Permission Slip for Vulnerable Adult

The Vulnerable group is planning to ________________________________

__________________________________________________________________________
Date: ____________________

Time and place of departure: ________________________return: ________________________

Each participant will need: equipment_____________________ expenses:_________

Chaperones will be : _______________________________________________________

____________________________________ has my permission to participate in the activity listed above.

List any medications, allergies, or physical conditions we should know about (asthma, Diabetes, etc.)

I give permission for my child to participate in activities at Boiling Springs UMC. I understand that snacks will be provided and I have listed any food allergies/restrictions above. The volunteers at Boiling Springs UMC have my permission to meet the needs of my child in the case of medical emergency.

__ I give permission for volunteers at Boiling Springs UMC to provide transportation for   Name: ____________________________________________

Name___________________________________________Phone #:_______________

Relationship to /Child/Adult_____________________________________________________________

Parent/Guardian signature:_________________________________ Date____________________

Insurance Company_______________________ Policy Number___________________________

Older/Vulnerable Adult Information Sheet

Name __________________________ Birthday __________________

Address __________________________________________

Parent(s) / Guardian(s) Information if applicable

3. Name: ______________________________ Relation to participant:______________________
Procedures for Selecting
Child, Youth, Older and Vulnerable Adult Workers

1. All volunteers wishing to assume a leadership role working with children, youth, older and/or vulnerable adults should be a member of the congregation for at least six months. However, nonmembers wishing to help may do so in ways that assist the teacher and/or program. All volunteers are subject to the background checks.

2. Volunteers working with children and youth must complete and sign the “Childcare Worker Position Description” form. Volunteers working with older/vulnerable adults must complete and sign the “Older/Vulnerable Adult Volunteer Position Description”. This form should be completed after the
volunteer has received and reviewed the church’s “Procedures for Safe Ministries with Children, Youth and Older/Vulnerable Adults”.

3. A background check will be performed on all volunteers working with children/youth/older and vulnerable adults in any capacity. A DMV check will also be performed on person(s) considered to be primary drivers for off-site activities. A background check and if necessary, DMV check will be performed every three years on each volunteer. The Safe Sanctuary Coordinator will perform the background check using a Conference recommended company.

4. The Safe Sanctuary Coordinator will review the results from the background checks and determine if the individual should or should not be allowed to work with the children/youth/older and vulnerable adults. The Safe Sanctuary Coordinator will also review the DMV results to ensure those responsible for transportation of children/youth/vulnerable adults are considered to be safe drivers. Concerns should be addressed with the applicant. Should the Safe Sanctuary Coordinator feel it necessary, the lay leader may be consulted to discuss concerns. All discussions will be kept strictly confidential.

5. If the Safe Sanctuary Coordinator, Pastor or church leadership is aware of a prior abuse conviction or other at risk behaviors, he/she should discourage the participation of that individual with no explanation required to the group recruiting that person.

6. Anyone with a prior conviction of abuse of any form will not be eligible to work with children/youth/older or vulnerable adults in any way.

7. All information received as a result of the background check will be kept strictly confidential. Results will be kept in a locked cabinet in the Safe Sanctuary Coordinator’s office or home.

8. The Safe Sanctuary Coordinator will compile a list of approved volunteers and forward a copy to the lay leader. The primary leader in a group working with children/youth/older and vulnerable adults should check with the lay leader or Safe Sanctuary Coordinator to ensure anyone wishing to volunteer with the group has been approved. The lay leader will help ensure that all children/youth/older/vulnerable adult workers have been approved.

Training class(es), led by the Safe Sanctuary Committee, to review the “Procedures for Safe Ministries with Children, Youth and Older and Vulnerable Adults”, will be held in January of each year or as needed for all those involved with children/youth/vulnerable and older adult ministries. Should someone working in one of these areas not attend this training class, he or she will no longer be allowed to work with children, youth, or vulnerable adults until they complete the next scheduled training session. Department leaders may request additional training sessions as needed.
Child/Youth Volunteer Position Description

Position: ________________________________

Reports to: ______________________________

General qualifications required

1. All volunteers shall be of good character and be of the Christian faith.
2. All volunteers shall
   a. be physically, mentally, and emotionally healthy.
   b. have a basic understanding of children and their needs.
   c. be adaptive to a variety of situations.
   d. be willing to grow in their knowledge of children through periodic education and training events.

Duties of childcare volunteers

1. Provide physical, emotional, and intellectual support and stimulation to each child in your care, as appropriate for the circumstances.
2. Provide appropriate guidance to each child in your care.
3. Develop a relationship of trust and continuity with the children in your care, which will enhance each child’s development of positive self images.
4. Provide support and assistance to parents when they arrive with their child.

Performance expectations of childcare volunteer

1. Be punctual. Notify the appropriate individual in advance if you will be late or absent.
2. Be reliable in your attendance.
3. Be polite, friendly, and courteous to others, both children and adults.
4. Do not engage in physical punishment/discipline of any child.
5. Cooperate with other childcare volunteers and with parents.
6. Abide by and apply the safety guidelines set forth by Boiling Springs United Methodist Church.

I have read the position description for child/youth volunteers of Boiling Springs United Methodist Church and understand its contents. I have received and reviewed a copy of Boiling Springs United Methodist Church’s Procedures for Safe Ministries with Children, Youth, and Vulnerable Adults. My signature below indicates my agreement and covenant to abide by the requirements set forth above and those contained in the Procedures for Safe Ministry with Children and Youth.

Signature of Applicant ________________________________  Date ____________
Older/Vulnerable Adult Volunteer Position

Description

Position: ________________________________
Reports to: ________________________________

General qualifications required

1. All volunteers shall be of good character and be of the Christian faith.
2. All volunteers shall
   • be physically, mentally, and emotionally healthy.
   • have a basic understanding of older/vulnerable adults and their needs.
   • be adaptive to a variety of situations.
   • be willing to grow in their knowledge of older/vulnerable adults through periodic education and training events.

Duties of volunteers

1. Provide physical, emotional, and intellectual support and stimulation to each older/vulnerable adult, as appropriate for the circumstances.
2. Provide assistance for the adult’s special needs such as assisted-hearing devices, large print material and handicapped equipment and access.
3. Develop a relationship of trust and continuity with the adult in your care, which will enhance each adult’s development of positive self-images.
4. Provide support and assistance to parents/guardian when they arrive with their family member.

Performance expectations of volunteers

1. Be punctual. Notify the appropriate individual in advance if you will be late or absent.
2. Be reliable in your attendance.
3. Be polite, friendly, and courteous to others.
4. Provide interaction with older/vulnerable adults while establishing appropriate interpersonal boundaries. Do not engage in physical punishment/discipline of any older/vulnerable adult.
5. Cooperate with other volunteers and with parents/guardians.
6. Abide by and apply the safety guidelines set forth by Boiling Springs United Methodist Church.

I have read the position description for child/youth volunteers of Boiling Springs United Methodist Church and understand its contents. I have received and reviewed a copy of Boiling Springs United Methodist Church’s Procedures for Safe Ministries with Children, Youth, and Vulnerable Adults. My signature below indicates my agreement and covenant to abide by the requirements set forth above and those contained in the Procedures for Safe Ministry with Children and Youth.

Signature of Applicant_________________________ Date _________________

Procedures for Safe Ministries for Children, Youth, and Vulnerable Adults
Boiling Springs UMC
Accident Report Form
Boiling Springs UMC

(Please print)

Date of Accident: _______________ Time of Accident: _________

Name and address of person injured: ______________________________________________________

____________________________________________________________________________________

Location of accident: _________________________________________________________________

Name of parent/guardian: ________________________________

Name of person(s) who witnessed the accident:

Name: ____________________________ Phone #: __________________

Name: ____________________________ Phone #: __________________

Name: ____________________________ Phone #: __________________

Description of Accident: _________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Type of Injury(ies) sustained: _____________________________________________________________

Was medical attention requested and/or offered: ____________________________________________

____________________________________________________________________________________

Name of person contacting Parent or Guardian: ______________________________

When was Parent or Guardian contacted: Date _________________________ Time _____________
Basic Procedures for Responding to Allegations of Physical or Sexual Abuse by a Church Worker or Volunteer

1. When an allegation of child abuse is made against a worker in the church, the parents/legal guardian of the child will be notified immediately. The person who receives the report of the allegation of abuse will place the child who is the alleged victim of the abuse in a secure area, with the supervision of at least two unrelated adults not involved in the abuse incident until the parents arrive.

2. The pastor will be notified immediately of the abuse allegations. It is the pastor’s responsibility to determine if and when to notify law enforcement authorities.

3. The person who receives the allegation of child abuse will complete the “Report of Suspected Incident of Child Abuse” form immediately. The completed form will be given to the pastor who will notify the Lay Leader. The form will be kept in a locked file in the pastor’s office or home.

4. The person whom the complaint is made against will be told of the allegation immediately. The person will be removed from further participation in the church-sponsored programs that involve children and youth. Based on the final outcome of the allegation, the person’s involvement with church-sponsored programs involving children and youth will be the decision of the pastor and the Lay Leader.

5. Persons directly or indirectly involved with the alleged incident will keep all matters confidential, including the alleged victim of the abuse and the alleged abuser.

6. Any persons failing to comply with the Safe Sanctuary Policy as judged by the Safe Sanctuary Committee will be removed from ministry with children, youth or vulnerable adults.
Report of Suspected Incident of Child Abuse

Name of worker observing or receiving disclosure of child abuse: ______________________________
____________________________________________________________________________________

1. Victim’s name: ______________________________ Age/date of birth: __________________________
____________________________________________________________________________________

2. Date/place of initial conversation with/report from victim: ________________________________
____________________________________________________________________________________

3. Victim’s statement (give your detailed summary here): _________________________________
____________________________________________________________________________________
____________________________________________________________________________________

4. Name of person accused of abuse: ____________________________________________________

6. Reported to pastor by: ______________________________________________________________

   Date/time: ______________________________________________________________________
   Summary: ________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

7. Call to victim’s parent/guardian by: _________________________________________________

   Date/time: ______________________________________________________________________
   Spoke with: _____________________________________________________________________
   Summary: ______________________________________________________________________
8. Parent/Guardian summary of allegation: ______________________________________________
_______________________________________________________________________________
_________________________________________________________________________________
Parent/Guardian Signature ____________________________________________ Date__________

Report completed by: ______________________________________________________ Position ______________
Signature ___________________________________________________________ Date __________

Registered Sex Offender Participation Procedures

We, as the church, invite all people to be a part of the worshipping community of faith. However, we must weigh the duty to protect the children, youth and vulnerable adults of the church with the right of all people to experience God’s redeeming love through worship. As a part of our Safe Sanctuary policy, a registered sex offender who wishes to be part of a church community should expect to have conditions placed on his/her participation. He/She should identify himself/herself as a registered sex offender to the pastor.

No adult who has been convicted of child abuse (including sexual abuse, physical abuse or emotional abuse) shall be permitted to work/volunteer with minors in any church sponsored activity.

A registered child sex offender:

1. **Shall not** be in attendance at any church event where children or youth are the primary audience. These events include, but are not limited to, United Methodist Youth Fellowship activities, Vacation Bible School, and scouting activities. If he/she does attend such an event, he/she will be told to leave and a report will be made to the sheriff’s office.

2. **Shall not** be in any area of the property intended primarily for the use, care or supervision of minors, including but not limited to, the nursery, preschool classrooms, children’s Sunday School classrooms.

3. **Must** be accompanied by an unrelated, same gender adult covenant partner at all times while on church property. This covenant partner will be provided by the church.

4. **Must** sign the Church Participation Covenant Statement. This document will also be signed by the pastor and the Lay Leader and Safe Sanctuary Coordinator and be kept in a locked file in the Safe Sanctuary Coordinator’s office or home.
Boiling Springs United Methodist Church
Registered Child Sex Offender Church Participation Covenant Statement

The congregation of Boiling Springs Methodist Church is committed to providing a safe and secure environment for all children and youth. As a part of our Safe Sanctuary policy, all registered sex offenders who are convicted of crimes against children and wish to be part of our worshipping community must abide by the following procedures:

1. As a registered child sex offender, I will have and abide by conditions placed on my participation in the church community.

2. While on church property, I will be accompanied by an unrelated, same-gender adult covenant partner. Providing a covenant partner will be the responsibility of the church.

3. I will not be permitted to work/volunteer with children or youth in any church-sponsored activity.

4. I will not be in attendance at any event where children or youth are the primary audience. This includes, but is not limited to, United Methodist Youth Fellowship activities, Vacation Bible School and scouting activities. If I attend such an event, I will be told to leave and a report will be made to the sheriff’s office.

5. I will not be in any area of the property designated for the use, care or supervision of children or youth. These areas include, but are not limited to, the nursery, preschool classrooms, and children’s Sunday School.

6. I understand that if I fail to abide by any of these conditions I will be asked to leave immediately and not return to Boiling Springs United Methodist Church.