

## **Harrison United Methodist Church Children, Youth and Vulnerable Persons Protection Policy**

The members and staff of Harrison United Methodist Church (HUMC) are committed to maintaining a safe environment for every child and young person involved in its ministry. Our goals are to protect children and youth from sexual or physical abuse or neglect, to educate workers and care givers concerning abuse issues and to protect staff and volunteers, as well as the Church as a whole, from potential allegations of abuse and neglect.

### **A. Selection of Paid Workers and Volunteers.**

1. All scheduled workers with children or youth, full or part time, compensated or volunteer, including without limitation clergy, custodial, Sunday School teachers, youth group workers, nursery workers, Vacation Bible School, and choir leaders will complete a Primary Screening Form for working with Children or Youth. A criminal background check will be performed at the time of employment or engagement in a position of caring for youth and children.
2. Occasionally unscheduled volunteers for programs sponsored by HUMC where children and youth are entrusted to the care of adults will complete the Secondary Screening Form for working with Children or Youth Workers from other churches or religious organizations who participate in programs on HUMC premises will complete Attachment B unless their church or religious organization has a similar policy in place and has furnished a copy to HUMC.
3. Personal interviews will be conducted with all applicants for employment and may be conducted with volunteers who have regular contact with children and youth.
4. Reference checks will be made on all compensated workers and volunteer workers. The pastor and/or chairperson of the Staff Parish Relations Committee (SPRC) will make the reference checks.
5. **All information provided in the application forms, as well as any information collected through reference checks, criminal background checks, or other investigation or inquiries, is to be considered confidential Church property. Information collected is to be reviewed by a committee consisting of the pastor and the chairperson of the Staff Parrish Relations Committee. This confidential information will not to be released to any party without the approval of the applicant. After review, any negative response from a SLED or FBI criminal background check will be returned to the applicant.**
6. Persons who have been convicted of, or pled guilty to, physical and/or sexual abuse of children, or other serious crimes against persons (rape, assault, domestic violence, etc.), or against whom such charges are pending, will not be allowed to work with children or youth
7. Church membership or regular church attendance at HUMC is normally a prerequisite for working with children or youth. Exceptions to this provision of the policy may be granted by the Pastor in the case of combined programs with other churches, intern programs and other similar circumstances.

### **B. Guidelines for Workers with Children or Youth**

1. At least two adults should be present at all times during any activity involving children or youth 18 years of age or younger, even if only one child or youth is present. This rule reduces the risk of abuse and also reduces the risk of false accusations. If it is necessary for an adult to be alone with a child or youth and out of the sight of others, authorization from the Pastor and/or chairperson of SPRC should be obtained. Such one-on-one situations should be avoided whenever possible.
  - a. All workers must know the state requirements in reporting abuse to law enforcement authorities and child protective services. In NC you are mandated, if there is reasonable cause, to report suspected cases of child abuse.

2. Questionable or inappropriate behavior should be reported immediately to the Pastor and/or chairperson of SPRC as such conduct can precede abuse, even though the observed act itself does not constitute abuse.
3. If a person desires to plan an activity off campus, he/she must:
  - a. Request permission from the appropriate ministry leader.
  - b. Always have the proper child/adult male/female ratio.
  - c. Have a permission slip signed by a parent or guardian.
  - d. Travel must be done according to North Carolina laws in respect to car seat safety, etc.
4. Doors to classrooms used by children or youth should include windows, which should be uncovered at all times. Alternatively, doors without windows should be kept open.
5. Other organizations which use Church premises for youth oriented activities (for example, Boy or Girl Scouts) will be provided a copy of this policy and required to adopt this policy unless the organization has a similar policy in place and has furnished a copy to HUMC.

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

1. Incidents of abuse or reasonably suspected incidents of abuse of children or youth will be reported as soon as possible to Pastor and/or chairperson of SPRC.
2. The Pastor and/or chairperson of SPRC will report the alleged incident of abuse or suspected abuse to the Department of Social Services of Mecklenburg County.
3. The person reporting the incident will document, in writing, all known facts and circumstances and will also make a report that documents all steps taken in the course of handling the reported incident.
4. All adult members of HUMC staff, and other adults participating in programs on the property of HUMC are encouraged to be sensitive to the potential for abuse of children or youth. They will be encouraged not to hesitate to caution others that activities they observe are, or may appear to be, inappropriate. The Church will be supportive of individuals who in good faith make reports of actual or reasonably suspected cases of abuse.
5. Any organization that uses HUMC facilities will also notify the Pastor and/or Chairperson of SPRC as soon as possible about any incident or suspected incident of abuse involving any person affiliated with such organization while using BUMC facilities.
6. The confidentiality of all persons involved will be safeguarded

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

1. Every allegation will be taken seriously. Adequate care and respect must be offered to the alleged victims and alleged perpetrators until the allegation can be substantiated or cleared.
2. All procedures listed in the previous section on Reporting will be strictly followed.
3. All records relating to the matter will be maintained in confidential files.

4. All efforts in handling the situation will be carefully documented.
5. The parents/guardians of the suspected victim will be notified immediately.
6. As appropriate the liability insurer for the Church will be notified about the incident by the Pastor and/or chairperson of SPRC.
7. The safety and security of the child must be safeguarded before the person accused of abuse is confronted.
8. The Pastor will be the sole spokesperson for the Church insofar as media inquiries are concerned.
9. Any person accused must be treated with dignity and support. That person will be immediately relieved of further responsibilities, as circumstances dictate, until the allegations are cleared or substantiated.

**E. Training and Education**

1. All compensated workers and volunteers will be trained regarding protection of children and youth from sexual abuse and protection of adults from false accusations of abuse. This initial training will include the following:
  - a. The need for the Children and Youth Protection Policy.
  - b. Church policies governing working with children and youth.
  - c. Procedures for reporting observed or suspected misconduct.

**REPORTING PROCEDURES OF CHURCH WORKERS**

Each teacher involved in the Children's/Youth Ministry should report any suspicious behavior or comments that would lead an individual to believe that Physical Abuse and/or Sexual Abuse has occurred. The following are indications of possible abuse:

- PHYSICAL SIGNS – lacerations and bruises, nightmares, irritation, pain or injury to genital area, difficulty with urinating, discomfort when sitting, torn or bleeding underclothing, venereal disease
- BEHAVIORAL SIGNS – anxiety when approaching church or nursery area, nervous or hostile behavior toward adults, sexual self-consciousness, “acting out” sexual behavior, withdrawal from church activities
- VERBAL SIGNS - I don't like (particular church worker), (a church worker) does things to me when we're alone, I don't like to be alone with (a church worker), (a church worker) fooled around with me.

If any of these things should take place, a teacher must report what they have seen or heard to the person directly over their department. The department head will then relay that information to the senior pastor. If, in the judgment of the senior pastor, there is any truth to the allegations, he will report these findings to the state within 24 hours. The senior pastor may file the report anonymously from the office of an independent third party if he chooses.

**APPLICANT'S STATEMENT**

I HAVE READ, UNDERSTND AND AGREE TO COMPLY WITH THESE REPORTING PORCEDURES.

Signature (Required)

Date

**CONFIDENTIAL**

(updated 8/12/05)

**Harrison United Methodist Church  
15008 Lancaster Hwy.  
Pineville, North Carolina 28134**

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

**Primary Screening Form for Working With Children or Youth**

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

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

***Personal***

***Applicant – please complete information below: Please Print***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First, Middle, Last)

Other names used (ie:former married or maiden) \_\_\_\_\_

Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Driver's License#/ State \_\_\_\_\_

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

Home addresses for the past seven years:  
Street/City/State/Zip Code \_\_\_\_\_ County \_\_\_\_\_ From mo/year  
mo/year

Present address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email \_\_\_\_\_

2. \_\_\_\_\_ County \_\_\_\_\_

3. \_\_\_\_\_ County \_\_\_\_\_

4. \_\_\_\_\_ County \_\_\_\_\_

5. \_\_\_\_\_ County \_\_\_\_\_

6. \_\_\_\_\_ County \_\_\_\_\_

**Please answer the following questions:**

- Have you ever been convicted of or pleaded guilty to a crime? Yes \_\_\_ No \_\_\_
- Have you ever been charged with or convicted of child neglect or abuse? Yes \_\_\_ No \_\_\_
- Has anyone ever made any complaints or allegations of misconduct involving children against you? Yes \_\_\_ No \_\_\_
- Have you been convicted of the possession, use, or sale of drugs? Yes \_\_\_ No \_\_\_
- Within the past 90 days, have you abused alcohol or legal drugs? Yes \_\_\_ No \_\_\_
- Within the past 90 days, have you used any illegal drugs? Yes \_\_\_ No \_\_\_
- Have you been convicted or pleaded guilty to a traffic offense within the last 7 years? Yes \_\_\_ No \_\_\_

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

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

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

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*Church history and prior children/youth work*

List name and address of other churches you have attended regularly during the past 5 years:

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List all previous church work involving children and/or youth. Please be specific.

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List all previous non-church work involving children and/or youth. Please be specific.

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

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

\_\_\_\_\_

Do you have children? Yes No If yes, please list names, ages, birthdates:

\_\_\_\_\_

\_\_\_\_\_

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References who may be contacted. (Please include pastor and employer. Do not list family members.)

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____

**APPLICANT CONSENT FORM TO RELEASE INFORMATION**

I understand that in consideration of my application with Harrison United Methodist Church, an investigation may be conducted of my past employment and activities. I authorize educational institutions, past employers, personal references and any other persons with whom I am acquainted to answer all questions asked concerning my previous employment record, ability, character, educational background, military service and credit history. I release all persons, including educational institutions, past employers, credit bureaus, and government agencies from any liabilities or damages for having furnished such information.

In consideration of my application for employment, I hereby authorize Harrison United Methodist Church and/or Castle Branch Inc. and /or their agents to conduct such an investigation, and release the companies named above including its officers, employees, agents and representatives from all liability or responsibility for this investigation, which may include, but is not limited to the gathering of information regarding personal, professional and educational references, credit or consumer investigations, driving histories, civil, professional license and any criminal history information which may be in the files of any state, local or federal criminal justice agency. I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law. A telephonic facsimile (fax) or photographic copy of this authorization shall be as valid as the original.

The information contained in this application is correct to the best of my knowledge.

I have received and read Harrison United Methodist Church's Child Protection Policy and agree to abide by all the safeguards provided within.

I have not been convicted of a child/youth sexual/physical abuse crime. I have not been nor am I currently involved in any abuse of a minor.

**I HAVE CAREFULLY READ THE ABOVE RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.**

Applicant \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_

Harrison United Methodist Church
Pineville, North Carolina
Secondary Screening Form for Working With Children or Youth

Occasional unscheduled volunteers must complete this screening form before working at events involving children and/or youth.

The following policy statements reflect our commitment to provide protective care of all our children, youth, and volunteers who participate in church sponsored activities.

- 1. Adults who have been convicted of either child sexual or physical abuse will not be permitted to volunteer in any church sponsored activity or program for children or youth.
2. Adult survivors of childhood sexual or physical abuse need the love and acceptance of this church family. Individuals who have such a history are encouraged to discuss their desire to work with children or youth with one of the pastoral staff prior to engaging in any volunteer service.
3. All adult volunteers with children or youth should be members of HUMC or regular attendees for a minimum of three months.
4. Adult volunteers should observe the "two adult rule". This requires that an adult is not alone with children or youth without another adult present. Activities should not be scheduled where there is only one adult volunteer present.
5. Adult volunteers should immediately report any behaviors that seem abusive or inappropriate to their supervisor or pastor.

Name
Address City State Zip
Phone (H) (W)
Driver's License Number State

As a church volunteer, do you agree to observe all church policies regarding children/youth? Yes No
Have you ever been convicted or pleaded guilty to a crime? Yes No
Have you ever been convicted or pleaded guilty to a traffic offense in the last five years? Yes No

Volunteer's Pledge

I have not been convicted of a child/youth sexual/physical abuse crime. I have not been nor am I currently involved in any abuse of a minor. I have received a copy of Harrison United Methodist Church Child Protection Policy and agree to observe said procedures regarding working with children and/or youth.

(Signature)

(Date)

**HARRISON UNITED METHODIST CHURCH  
RECORD OF CONTACT WITH A REFERENCE  
OF AN APPLICANT FOR CHILDREN/YOUTH WORK**

(PLEASE COMPLETE ONE FORM FOR EACH REFERENCE CONTACTED)

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1. Name of Applicant \_\_\_\_\_

2. Reference or church contacted (if a church or organization, identify both the church or organization and person or minister contacted)

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

3 Date(s) and time(s) of contact(s) \_\_\_\_\_

\_\_\_\_\_

4. Person contacting the reference or church \_\_\_\_\_

5. Method of contact (e.g., telephone, personal conversation, letter [PLEASE ATTACH]):

\_\_\_\_\_

6. Summary of conversation (summarize the reference's or minister's remarks concerning the applicant's fitness and suitability for youth or children's work)

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

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

Position: \_\_\_\_\_

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