



**Safe Sanctuaries**  
**Child Abuse Prevention**  
**Policies and Procedures**

**For**

**Chambers Hill United Methodist Church**  
**6300 Chambers Hill Road**  
**Harrisburg, Pennsylvania 17111**

## **Child Abuse Prevention Policy**

### **Introduction**

The General Conference of the United Methodist Church, in April 1996, adopted a resolution aimed at reducing the risk of child sexual abuse in the church. The adopted resolution includes the following statement:

*Jesus said, "Whoever welcomes [a] child...welcomes me." (Matthew 18:5). Children are our future, our hope, our teachers, our inspiration. They are full participants in the life of the church and in the realm of God. Jesus also said, "If any of you put a stumbling block before one of these little ones..., 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). Our Christian faith calls us to offer both hospitality and protection to the little ones, the children. The Social Principles of The United Methodist Church state that "...children must be protected from economic, physical and sexual exploitation, and abuse." Tragically, churches have not always been safe places for children. Child sexual abuse, exploitation and ritual abuse (ritual abuse refers to abusive acts committed as part of ceremonies or rites; ritual abusers are often related to cults, or pretend to be) occur in churches, both large and small, urban and rural. The problem cuts across all economic, cultural and racial lines. It is real, and it appears to be increasing. Most annual conferences can cite specific incidents of child sexual abuse and exploitation in their churches. Virtually every congregation has among its members adult survivors of early sexual trauma. Such incidents are devastating to all who are involved: the child, the family, the local church and its leaders. Increasingly, churches are torn apart by the legal, emotional, and monetary consequences of litigation following allegations of abuse. God calls us to make our churches safe places, protecting children and other vulnerable persons from sexual and ritual abuse. God calls us to create communities of faith where children and adults grow safe and strong. (From The Book of Resolutions of The United Methodist Church – 1996. copyright ? 1996 by The United Methodist Publishing house. Used by permission. [pp. 384-386])*

Thus, in covenant with all United Methodist congregations, we adopt this policy for the prevention of child abuse in our church.

### **Purpose**

Our congregation's purpose for establishing this Child Abuse Prevention Policy and accompanying procedures is to demonstrate our absolute and unwavering commitment to the physical safety and spiritual growth of all of our children and youth.

### **Statement of Covenant**

Therefore, as a Christian community of faith and a United Methodist congregation, we pledge to conduct the ministry of the gospel in ways that assure the safety and spiritual growth of all of our children, youth, and vulnerable adults as well as all of the workers with children, youth, and vulnerable adults. We will follow reasonable safety measures in the selection and recruitment of workers; we will implement prudent operational procedures in all programs and events; we will educate all of our workers with children, youth, and vulnerable adults regarding the use of all appropriate policies and methods (including first aid and methods of discipline); we will have a clearly defined procedure for reporting a suspected incident of abuse that conforms to the requirements of state law; and we will be prepared to respond to media inquiries if an incident occurs.

### **Conclusion**

In all of our ministries with children, youth, and vulnerable adults, this congregation is committed to demonstrating the love of Jesus Christ so that each child will be "...surrounded by steadfast love, ...established in the faith, confirmed and strengthened in the way that leads to life eternal" ("Baptismal Covenant II," United Methodist Hymnal, p. 44).

## Supervisory Procedures

Matthew 18:5 states: "Whoever welcomes a child.....welcomes me." Working with children, youth and vulnerable adults is a privilege and also an awesome responsibility.

The supervision procedures listed below are designed to reduce the possibility of child abuse and to protect paid staff and volunteer helpers from unwarranted accusations. These are **MINIMUM** standards and each children's/youth activity may adopt more stringent requirements as felt necessary.

1. "Two Adult Rule" will always be in place. At least two adults are required no matter the size of the group. These persons will always be two unrelated adults. This may include the presence of an adult "roamer" who moves in and out of rooms.
2. **NO CHILD WILL BE LEFT UNSUPERVISED** while attending an activity at Chambers Hill United Methodist Church.
3. All activities shall occur in open view. Each room where children are cared for shall have a door with a window or the door shall be left open.
4. Adult supervisor shall remain physically present until all children/youth have left their designated room and are in the custody of their parents.
5. No one will supervise an age group unless they are **AT LEAST** 18 years old or older and five years older than the children being supervised. **EXCEPTION** the Nursery may have one "Jr. Helper" age 16 or older to assist the two adults already assigned there. The "Jr. Helper" must take safe sanctuary training and **MAY NOT** be left alone with the children.
6. Special procedures will apply to all overnight activities. **ALL** adult chaperons and supervisors must have clearance checks in advance of the event with Ad Council or Pastor in writing. (**NO LAST MINUTE ADULT GUESTS**)

## Recruiting and Selecting Church Workers Policy and Procedure

All paid employees and volunteer staff that interact with children, youth, and vulnerable adults at Chambers Hill United Methodist Church will undergo a careful screening process.

1. The process will include:
  - a - An employment/volunteer application form
  - b - PA State Police Request for Criminal Records Check
  - c - PA State Police Megan's Law Check
  - d - PA Child Abuse History Clearance Form
  - e - PA Department of Motor Vehicles Driver's History Check (For those transporting children or vulnerable adults by vehicle)
  - f - Reference checks
  - g -A personal interview following receipt of above listed forms
  - h -A 30 day probation period along with mentoring

2. Anyone who has a break in service at Chambers Hill United Methodist Church of one or more years shall resubmit to the screening procedure. A background check will be repeated on **ALL** persons every 5 years.

## **REPORTING AND RESPONSE PROCEDURES FOR CHURCH WORKERS/CHURCH VOLUNTEERS**

Once a child abuse incident has occurred or allegation of an incident is made, prompt and speedy reporting procedure **MUST** follow.

1. The Church Worker/Church Volunteer who saw the alleged abuse or to whom such allegations were reported is required to **REPORT THE INCIDENT IMMEDIATELY** to the staff person or volunteer in charge of the activity.
2. The staff person or volunteer in charge will fill out the "Report of Suspected Incident of Child Abuse" form in its entirety and give to the Pastor and/or Chairperson of Ad Council in the absence of the Pastor.
3. The Pastor or Council Chairperson will report the incident immediately to:
  - a. PA Childline and Abuse Registry (1-800-932-0313)
  - b. Child's parents if evidence implicates an employee or volunteer
  - c. Local police - 564-2550
  - d. Church Attorney
  - e. Central PA Conference Office – Media Director – 800-874-8474
4. All allegations are to be taken seriously but **DO NOT** prejudge the situation.
5. **ONLY THE PASTOR OR AD COUNCIL CHAIRPERSON IS AUTHORIZED** to make statements to anyone in the media. All requests should be directed to them on behalf of the Church.
6. Any person who is the object of the report will be required to refrain from all children's activities until the incident is resolved. If the individual is a paid employee, a decision to maintain or suspend income pending outcome of the incident shall be determined by the Ad Council.
7. Care must be taken throughout the investigation to keep the matter as confidential as possible. **ONLY** persons who actually must know should be given any information and **ALL** information shall be kept completely confidential. In the event of false accusations this information can be so damaging to an accused person.

## **Policy Forms Index**

**PARTICIPATION COVENANT STATEMENT** – To be filled out and signed by all volunteers

**APPLICATION FOR PAID POSITIONS**

**APPLICATION FOR NON-PAID VOLUNTEER**

**FORM FOR REFERENCE CHECK** – All references given on application will be called and form filled out

**ACCIDENT REPORT FORM**

**REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE FORM**

**SAFE SANCTUARIES PERSONNEL QUALIFICATION GUIDELINES**

## PARTICIPATION COVENANT STATEMENT

The congregation of Chambers Hill United Methodist Church is committed to providing a safe and secure environment for all children, youth, vulnerable adults and volunteers who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people.

can experience the love of God through relationships with others.

1. No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should volunteer to work with children or youth in any church-sponsored activity.
2. Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer in some capacity to work with children or youth is encouraged to discuss his/her willingness with our church's minister before accepting an assignment.
3. All adult volunteers involved with children and youth of our church must believe in its mission, vision, values, and beliefs and be actively sharing in Adult Sunday School, Worship, Bible Study or related Adult Education Study Group Programs for at least six months before beginning a volunteer assignment.
4. Adult volunteers with children and youth shall observe the "Two-Adult Rule" at all times so that no adult is ever alone with children or youth.
5. Adult volunteers with children and youth shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
6. Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

### **Please answer each of the following questions:**

1. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth? ? Yes ? No
2. As a volunteer in this congregation, do you agree to observe the "Two Adult Rule" at all times? ? Yes ? No
3. As a volunteer in this congregation, do you agree to abide by the six-month rule before beginning a volunteer assignment? ? Yes ? No
4. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment? ? Yes ?No
5. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor? ? Yes ?No
6. As a volunteer in this congregation, do you agree to discuss with a minister of this congregation your experience, if any, as a survivor of child abuse? ? Yes ? No  
*(Answering yes to this question does not automatically disqualify you from volunteering with children or youth.)*
7. As a volunteer in this congregation, do you agree to inform a minister of this congregation if you have ever been convicted of child abuse? ? Yes ? No

I have read this **Participation Covenant**, and I agree to observe and abide by the policies set forth above.

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Signature of Applicant

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Date

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Print full name

## FORM FOR REFERENCE CHECK

Applicant name: \_\_\_\_\_

Reference name: \_\_\_\_\_

Reference address: \_\_\_\_\_

Reference phone: \_\_\_\_\_

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant?
5. How would you describe the applicant's ability to relate to children and/or youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicant's leadership abilities?
8. How would you feel about having the applicant as a volunteer worker with your child and/or youth?
9. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
11. Please list any other comments you would like to make:

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

## ACCIDENT REPORT FORM

(Please print all information.)

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Name of child/youth injured: \_\_\_\_\_ Age: \_\_\_\_\_

Address of child/youth:

\_\_\_\_\_

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Location of accident: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_

Name of person(s) who witnessed the accident:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe accident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE

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

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2. Victim's name: \_\_\_\_\_

Victim's age/date of birth: \_\_\_\_\_

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

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

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5. Name of person accused of abuse: \_\_\_\_\_

Relationship of accused to victim (paid staff, volunteer, family member, other): \_\_\_\_\_

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6. Reported to pastor: \_\_\_\_\_

Date/time: \_\_\_\_\_

Summary \_\_\_\_\_

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7. Call to victim's parent/guardian: \_\_\_\_\_

Date/time: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary \_\_\_\_\_

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8. Call to local children and family service agency: \_\_\_\_\_

Date/time: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Call to local law enforcement agency: \_\_\_\_\_

Date/time: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_

10. Other contacts: \_\_\_\_\_

Name: \_\_\_\_\_

Date/time: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NON-PAID POSITION  
VOLUNTEER APPLICATION  
CHAMBERS HILL UNITED METHODIST CHURCH**

Name: \_\_\_\_\_

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

Are you 18 years or older: ? Yes ? No

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Special interest, hobbies, and skills: \_\_\_\_\_

How many hours per week are you available to volunteer? \_\_\_\_\_ Days \_\_\_\_\_ Evenings  
\_\_\_\_\_ Weekends

Do you have your own transportation? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have liability insurance? (list policy limits and name of carrier) \_\_\_\_\_

Why would you like to volunteer at our Church as a worker with children and/or youth?

What qualities do you have that would help you work in ministry at our Church?

Have you ever been convicted of any offense involving dishonesty, breach of trust, child abuse, immorality, or any other type of crime?: ? Yes ? No

If Yes, indicate the nature of the offense, date, court, and disposition.

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

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

Signature of Applicant

Date

**PAID POSITION  
APPLICATION FORM FOR CHAMBERS HILL UNITED METHODIST CHURCH**

Application Date \_\_\_\_\_

**A. NAME AND ADDRESS**

Full Name: Miss ( ) Mrs. ( ) Mr. ( ) \_\_\_\_\_

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

Phone: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

Previous Address(es): (within the past 10 years) \_\_\_\_\_

Are you 18 years or older: ? Yes ? No

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

Do you have a current driver's license? ? Yes ? No

If yes, please list your driver's license number: \_\_\_\_\_

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

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

**B. CHURCH HISTORY**

Name of church of which you are now a member or actively involved \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

List (name and address) other churches you have attended regularly during the past five years:

1. \_\_\_\_\_

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

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

**C. PERSONAL INFORMATION**

Present Occupation and Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_

Spouse's name/or emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_

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

1. Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

Have you ever been convicted of any offense involving dishonesty, breach of trust, child abuse, immorality, or any other type of crime? ? Yes ? No

If Yes, indicate the nature of the offense, date, court, and disposition.

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

**D. APPLICANT'S STATEMENT AND RELEASE**

The information contained in this application is true and correct to the best of my knowledge, information, and belief. I authorize any references or churches listed in the application to give you any information that they may have regarding my character and fitness for children or youth work. I also authorize the church to perform background checks through the state of Pennsylvania, such as the Pennsylvania Child Abuse History Clearance, Pennsylvania State Police Criminal Record Check, Pennsylvania Department of Motor Vehicles Driver's History check and Pennsylvania State Police Megan's Law check. In consideration of the receipt and evaluation of this application by Chambers Hill United Methodist Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damage of whatever kind or nature which may at any time result to me, my heirs, or family, on account of or as result of compliance or any other attempts to comply, with this authorization. I hereby verify subject to the penalties of 18PA C.S.A. Section 4904 relating to unsworn falsification to authorities that the facts set forth in this application are true and correct to the best of my knowledge, information, and belief. I understand that if misrepresentation is found through investigation this may result in immediate termination of my employment with Chambers Hill United Methodist Church.

NOTE: MY SIGNATURE ON THIS FORM CONFIRMS MY UNDERSTANDING AND AGREEMENT THAT (1.) IN THE EVENT ALLEGATIONS OF CRIMINAL OR SEXUAL MISCONDUCT ARISE REGARDING MY CONDUCT WHILE I SERVE IN THE ABOVE DESCRIBED CAPACITY(IES), THE CHURCH WILL FULLY COOPERATE WITH ANY ENSUING INVESTIGATION AND/OR PROSECUTION; AND (2.) THE CHURCH WILL HAVE THE RIGHT TO ANNOUNCE THE FACTS/RESULTS OF SAME PUBLICITY IF DEEMED NECESSARY OR APPROPRIATE. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. I INTEND TO LEGALLY BIND MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND PERSONAL REPRESENTATIVES BY THE RELEASES AND WAIVERS SET FORTH HEREIN ABOVE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

**PERMISSION NOTE**

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**by Joy Thornburg Melton**

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