

## **Child, Youth, Adult Safety Policy for St. Luke's United Methodist Church**

**Risk Reduction Goal:** The disturbing and traumatic rise of physical, verbal and sexual abuse has claimed the attention of our nation and society. St. Luke's United Methodist Church is committed to providing protective care of all children, youth, vulnerable adults and volunteers who participate in church sponsored activities.

**Definition of Physical Abuse:** Any act of omission or act that endangers a person's physical or mental health, including but not limited to any intentional physical injury caused by the individual's caretaker. Physical abuse may result from punishment that is overly punitive or inappropriate to the individual's age or condition.

**Definition of Verbal Abuse:** Any verbal act that humiliates, degrades, or threatens any child, youth or vulnerable adult.

**Definition of Sexual Abuse:** Sexual abuse of minors includes touching them in inappropriate ways such as fondling, inappropriate touching of the minor's body, and inappropriate kissing. Non-touch abuse includes making remarks of a sexual nature, showing the child explicit pornographic materials, or making the minor watch others engaged in sexual activity.

### **Plan for Reducing the Risk of Abuse:**

#### **I. Screening for paid and volunteer personnel:**

- A. Formal application process for all persons working with children, youth and/or vulnerable adults.
  1. Biographical data and Applicant's Statement.
  2. Educational experience or training.
  3. Previous relevant experience with children, youth and/or vulnerable adults.
  4. Names of groups or churches providing previous experience.
  5. Personal references.
- B. Reference checks.
- C. Criminal Records Check through appropriate law enforcement and information agencies.
- D. Contact staff and/or lay persons of previous churches applicant has attended.
- E. Forms to be completed:
  1. Personal Information
  2. Church History and Prior Volunteer Experience
  3. Applicant's Statement
  4. Authorization and Request for Criminal Records Check

#### **II. Requirements for volunteer applicant consideration:**

- A. St. Luke's UMC membership for six or more months prior to beginning of volunteer service. (Exceptions will be allowed for spouses of staff members, for persons who were active in previous church, for VBS, for some off-site activities and some programs. **Exceptions will be allowed only if** applicant provides a letter from pastor and/or relevant staff person at prior location or if written recommendations are received from three current St. Luke's members who have been members for at least six months.)

- B. Adults who have been convicted of a crime involving either sexual or physical abuse should not volunteer and will not be permitted to serve in any church-sponsored activity or program for children, youth or vulnerable adults.
- C. 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, youth or vulnerable adults with one of the pastoral staff prior to engaging in any volunteer service.
- D. A safe and secure environment is best achieved by using two or more adults when supervising any child or groups of children/youth. We will use the "two adult" rule in classroom settings. The "two adult" rule will be a core value for all settings for children, youth and vulnerable adults, but we recognize that there will be instances, activities, events and circumstances which will preclude us from always having a minimum of two adults. When possible, parents will be notified of this in advance. Volunteers and staff will document instances where two or more adults are not present in programs involving children, youth or vulnerable adults.
- E. Adult and youth volunteers are required to attend initial and continual training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
- F. Adult and youth volunteers should immediately report any behaviors which seem abusive or inappropriate according to the policies and procedures of St. Luke's United Methodist Church.
- G. Adult and youth volunteers will be interviewed by two or more lay or staff representatives. It is strongly recommended that the age-level staff director be present at all interviews of persons who will serve under their supervision.
- H. St. Luke's may conduct criminal records checks on volunteers for each year of service.

## **Plan for Response to Known Incident of Abuse:**

### **I. Assess needs for emergency care for the victim**

- A. Notify parents and/or other legally responsible adult
- B. Provide emergency healthcare as needed
  - 1. First Aid
  - 2. Emergency services
  - 3. Hospital emergency room
- C. Arrange for crisis counseling and/or long-range counseling where deemed appropriate.

### **II. Take precautions to secure the area**

- A. Maintain the integrity of the area and protect all evidence for the professional investigation.

### **III. Assisting the victim and victim's family**

- A. Obtain medical help as needed. The care and safety of victim is the first priority.
- B. Take all allegations seriously and do not prejudge the situation
- C. Offer and provide pastoral resources as needed
  - 1. Show care and support to prevent further hurt

#### **IV. Determine Communication Goals**

- A. Notify legal authorities as required
  - 1. Report incident to Children's Protective Services
  - 2. Full cooperation must be given to civil authorities under the guidance of church attorney.
- B. Senior Pastor or designated representative will be informed of all details of the incident and will release any information that is to be disseminated to the media
  - 1. Immediately contact church's insurance carrier
  - 2. Inform the St. Luke's Board of Trustees, any other appropriate church body, and church legal counsel
  - 3. Church staff will be informed of incident on a "need to know" basis (to ensure privacy of the victim and/or accused) and their support enlisted as needed

#### **V. Document Actions Taken**

- A. Document all your efforts at handling the incident
- B. Do not attempt an in-depth investigation.
  - 1. This should be left to professionals who are familiar with this type of case. This is to protect the rights of the victim and the accused.
  - 2. Individual files will keep with all documented actions, conversations, etc.
- C. File will be retained in a locked and secure area to insure privacy and confidentiality.

#### **VI. Dealing with the Accused**

- A. Remove the accused/abuser from any further contact with children, youth, vulnerable adults and staff
- B. Treat the accused with dignity and support
  - 1. Do not confront the accused until the safety of the child, youth or vulnerable adult member is secured
  - 2. Offer and provide pastoral care to family of abuser as appropriate
  - 3. Offer outside counseling services as appropriate
  - 4. Refer to outside clergy if deemed more desirable or as requested by the family



## Legal History

1. Do you use illegal drugs? \_\_\_ Yes \_\_\_ No
2. Have you ever been charged with child neglect or abuse? \_\_\_ Yes \_\_\_ No
3. \_\_\_YES \_\_\_NO **Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).**
  - a. If yes, please provide details below:
    - i. State:
    - ii. County:
    - iii. Date of Offense:
    - iv. Details of conviction:
4. \_\_\_YES \_\_\_NO **Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?**
  - a. If yes, please provide details below:
    - i. State:
    - ii. County:
    - iii. Date of Offense:
    - iv. Details of conviction:
5. \_\_\_YES \_\_\_NO **Have you ever received probation or community supervision for any federal, state or municipal offense?**
  - a. If yes, please provide details below:
    - i. State:
    - ii. County:
    - iii. Date of Offense:
    - iv. Details of conviction:
6. \_\_\_YES \_\_\_NO **Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.**
  - a. If yes, please provide details below:
    - i. State:
    - ii. County:
    - iii. Date of Offense:
    - iv. Details of conviction:
7. \_\_\_YES \_\_\_NO **As of the date of this consent form, do you have any pending charges against you?**
  - a. If yes, please provide details below:
    - i. State:
    - ii. County:
    - iii. Date of Arrest:
    - iv. Details of pending charges:

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? (If yes, explain.) \_\_\_\_\_

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## Church History and Prior Volunteer Experience

Are you a member of St. Luke's?

\_\_\_\_\_ Yes. I've been a member since \_\_\_\_\_.

\_\_\_\_\_ No. I attend \_\_\_\_\_

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

\_\_\_\_\_

List all previous church work involving children/youth (list each church's name and address, type of work performed and dates) \_\_\_\_\_

\_\_\_\_\_

List prior volunteer opportunities in which you have been involved (i.e., Boy Scouts, Girl Scouts, Children or Youth Sports and etc.): \_\_\_\_\_

\_\_\_\_\_

List any gifts, callings, training, education or other factors that have prepared you to work with children or youth: \_\_\_\_\_

\_\_\_\_\_

Why do you want to work with children or youth of St. Luke's?

\_\_\_\_\_

\_\_\_\_\_

What do you enjoy most about working with children/youth? \_\_\_\_\_

\_\_\_\_\_

Personal References (not former employers or relatives):

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Nighttime Telephone \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Nighttime Telephone \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Nighttime Telephone \_\_\_\_\_

## Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information, including opinions that they may have, regarding my character and fitness for working with children, youth or vulnerable adults. In consideration of the receipt and evaluation of this application by St. Luke's 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, their heirs and assigns, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance of any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to read and be bound by the attached *Child, Youth, and Adult Safety Policy for St. Luke's United Methodist Church* and to refrain from conduct in violation of the attached policies in the performance of my services on behalf of the church.

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. This is a legally binding agreement which I have read and understand.

***This form must be signed in the presence of a witness (not a relative) whose signature appears below.***

Applicant's signature: \_\_\_\_\_

Applicant's name (printed): \_\_\_\_\_

Signature of parent if applicant is a minor: \_\_\_\_\_

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

Signature of witness: \_\_\_\_\_

Witness's name (printed): \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

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

***A current Texas driver's license must be presented to be copied when this application is submitted***

**St. Luke's UMC will conduct a criminal records check on all applicants.**

