

# Safe Sanctuaries Interim Training Worksheet

## Directions:

- All children and youth workers are required to participate in annual *Safe Sanctuaries* training. If you did not attend the face to face training, please review the power point and complete this worksheet.
  - Complete the Participation Covenant (Appendix C).
  - If you volunteer once a month or more, you are a “Core Volunteer” and will also need to complete the request for a Criminal Background Check (Appendix A).
  - Return all forms to Jaymie Derden, Director of Children and Family Ministries **by September 15.**
  - Keep the Key Points and Signs of Abuse/Neglect handout for your periodic review and future reference.
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1. State Street UMC’s *Safe Sanctuaries* policy is designed to
  - a. Keep children and youth \_\_\_\_\_
  - b. Protect volunteer workers from false \_\_\_\_\_ of abuse.
2. The five types of child abuse are:
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
3. \_\_\_\_\_ unrelated adults, who do not live in the same household are required at all events with children and youth.
4. Childcare Assistants (volunteer or paid) must work with another \_\_\_\_\_.
5. Volunteers should have attended SSUMC for \_\_\_\_\_ months before serving as an official volunteer.
6. Reporting child abuse should be done whenever there is \_\_\_\_\_ suspicion.
7. Children and youth under age 18 must be \_\_\_\_\_ at all times when at the church.

Scenarios: Was the action taken correct or incorrect? Why or why not?

Scenario #1 \_\_\_\_\_

Scenario #2 \_\_\_\_\_

Scenario #3 \_\_\_\_\_

Scenario #4 \_\_\_\_\_

I have reviewed the *Safe Sanctuaries* training materials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Volunteer Information

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

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

Email: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Best way to communicate: text, email, call, other: \_\_\_\_\_

Birthday: \_\_\_\_\_

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

Hobbies/Talents/Skills: \_\_\_\_\_

Where do you prefer to serve? \_\_\_\_\_

**Appendix A**  
**State Street United Methodist Church**  
**Authorization and Request for Criminal Records Check**

I, \_\_\_\_\_, hereby authorize State Street United Methodist

Church to request a criminal and sexual abuse offender search, extent permitted by state and federal law. I do release the agency performing the search and State Street United Methodist Church from all liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Print Applicant's Full Name \_\_\_\_\_

Print all other names that have been used by applicant (if any):

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

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

*For Office Use Only*

Comments:

**Appendix C**  
**State Street United Methodist Church**  
**Participation Covenant Statement**

The congregation of State Street United Methodist Church is committed to providing a safe and secure environment for all children, youth, volunteers and staff who participate in ministries and activities sponsored by the church. The following policy statement reflects 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 (sexual, physical or emotional) should work with children or youth in any church-sponsored activity.

**Have you ever been convicted of child abuse? Yes \_\_\_\_\_ No \_\_\_\_\_**

2. All adult volunteers involved with children or youth of our church must have regularly participated in the ministries of State Street United Methodist Church for six months or be recommended by a minister of current or former church.

**Do you agree to abide by the "six-month" rule before beginning a volunteer assignment? Yes \_\_\_\_\_ No \_\_\_\_\_**

3. Adult volunteers and staff who work with children and youth shall observe the "Two Adult" rule.

**Do you agree to observe the "Two Adult" rule? Yes \_\_\_\_\_ No \_\_\_\_\_**

4. Adult volunteers/staff who work with children and youth shall attend annual Safe Sanctuaries trainings and regular training and educational events provided by the church to keep informed of church policies and state laws regarding child abuse.

**Do you agree to participate in training and education events provided by the church related to your volunteer assignment, including annual Safe Sanctuaries training? Yes \_\_\_\_\_ No \_\_\_\_\_**

5. Adult volunteers who work with children and youth shall immediately report suspected child abuse to the proper authorities, including the appropriate staff person if the incident occurred during church-related activities.

**Do you agree to promptly report child abuse to the proper authorities, including the appropriate staff person if the incident occurred during church-related activities? Yes \_\_\_\_\_ No \_\_\_\_\_**

6. **Do you agree to observe and abide by all church policies and procedures regarding working in ministries with children and youth? Yes \_\_\_\_\_ No \_\_\_\_\_**

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

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

**Appendix F**  
**Reporting Child Abuse**

Reports should be made to child protective services, social services or law enforcement officials. For assistance, you can also call the National Child Abuse Hotline (ChildHelp USA) at 800-4-A-CHILD.

State	Tennessee	Virginia
Who Should Report?	ALL persons must report	Anyone can. Mandatory for health care professionals; mental health professionals; social work professionals; education/child care professionals; law enforcement professionals; coaches; “any person associated with or employed by private organizations responsible for the care, custody and control of children.”
Standard	Have reasonable cause to suspect.	Have reason to suspect.
Phone Numbers	877-237-0004 Northeast Tennessee: 877-542-2873	800-552-7096 or 804-786-8536
Immunity	Any person who report in good faith.	From civil or criminal liability unless proven that reported acted in bad faith or with malicious intent.
Failure to Report	Misdemeanor and/or fine.	Any person required to report who knowingly fails to do so within 24 hours is subject to fines.
State Government Website	<a href="http://www.state.tn.us/youth/cps">www.state.tn.us/youth/cps</a>	<a href="http://www.dss.state.va.us/family/cps.html">www.dss.state.va.us/family/cps.html</a>

**Appendix I**  
**State Street United Methodist Church**  
**Types and Indicators of Abuse**

*(From Safe Sanctuaries, Joy T. Melton, Discipleship Resources, 2002)*

<b>Types of Abuse</b>	<b>Definition</b>	<b>Possible Indicators</b>
Physical	Deliberate and intentional bodily harm to a child	<ul style="list-style-type: none"> <li>• Hostile, aggressive behavior toward others</li> <li>• Fearfulness of parents and/or other adults</li> <li>• Destructive behavior toward self, others and/or property</li> <li>• Inexplicable fractures or bruises inappropriate for child's developmental stage</li> <li>• Burns, facial injuries, pattern of repetitious bruises</li> </ul>
Emotional	Spoken and/or unspoken violence or emotional cruelty	<ul style="list-style-type: none"> <li>• Exhibits severe depression and/or withdrawal</li> <li>• Exhibits severe lack of self-esteem</li> <li>• Failure to thrive</li> <li>• Threatens or attempts suicide</li> <li>• Speech and/or eating disorders</li> <li>• Goes to extremes to seek adult approval</li> <li>• Extreme passive/aggressive behavior patterns</li> </ul>
Sexual	Sexual contact between a child and an adult (or older youth) occurs.	<ul style="list-style-type: none"> <li>• Unusually advanced sexual knowledge and/or behavior for child's age and developmental stage</li> <li>• Depression- cries often for no apparent reason</li> <li>• Promiscuous behavior</li> <li>• Runs away from home and refuses to return</li> <li>• Difficulty walking or sitting</li> <li>• Bruised/bleeding in vaginal or anal areas</li> <li>• Exhibits frequent headaches, stomachaches, extreme fatigue</li> <li>• Sexually transmitted diseases</li> </ul>
Ritual	Physical, sexual or psychological violations inflicted regularly, intentionally, and in a stylized way Abusers may appeal to some higher authority or power to justify the abuse.	<ul style="list-style-type: none"> <li>• Disruptions of memory or consciousness</li> <li>• Unexplained mistrust and mood swings</li> <li>• Flashbacks</li> <li>• Eating disorders</li> <li>• Fear of the dark, especially at sundown or a full moon</li> <li>• Agitation or despair that seems to occur in cycles</li> <li>• Fear of ministers, priests or others wearing robes or uniforms</li> <li>• Nightmares or sleep disorders</li> <li>• Any of the symptoms of sexual abuse</li> </ul>
Neglect	Negligence, endangering a child's health, safety or welfare	<ul style="list-style-type: none"> <li>• Failure to thrive</li> <li>• Pattern of inappropriate dress for climate</li> <li>• Beggars or steals food; chronic hunger</li> <li>• Depression</li> <li>• Untreated medical conditions</li> <li>• Untreated medical conditions</li> <li>• Poor hygiene</li> </ul>

**Appendix K**  
**State Street United Methodist Church**  
**Driver and Chaperone Covenant**

I, \_\_\_\_\_, while transporting youth and/or children in a State Street United Methodist Church vehicle do agree to abide by the following guidelines as set forth by State Street UMC policy. I understand that neglecting to follow these rules will result in immediate forfeiture of my ability to transport said youth and children. I also understand that these rules are expressly implied to those chaperones present in the vehicle, but who are not driving, and that all consequences stated above apply to chaperones as well.

- I will wear my seatbelt at all times.
- I will require all passengers to wear their seatbelts at all times.
- I will take care not to exceed the speed limit/ I will hold the driver accountable if he/she exceeds the speed limit.
- I will drive as safely as I would drive a rental car or my own personal car.
- I will take as much care with these children/youth as I would my own.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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# Van Driver Information

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DRIVER'S NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

I KNOW OF NO REASON THAT I SHOULD NOT BE GIVEN DRIVING PRIVILEGES.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*Please attach a photocopy of your driver's license to this application.*

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*All application information will be sent to the church's insurance provider. That provider will be responsible for conducting DMV checks on applicants.*

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