

Sexual Abuse Prevention Policy

**First United Methodist Church
Appleton, Wisconsin**

September, 1995

Mission Statement - Church must be a safe place.

The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. The following policies reflect our commitment to provide protective care of all children, youth and volunteers who participate in church sponsored activities.

Each church family will receive a copy of this policy and will be asked to familiarize themselves with its contents. All church staff and volunteers will be required to complete a screening form prior to participating in children/youth programs or activities. These forms will include personal history, church history, prior children/youth work, references and request for a criminal background check.

Persons selected for service will then be interviewed by or under the direction of the Director of Christian Education Ministries or other staff members.

The instructional objective of this church is to ensure that all staff and volunteers have a functional knowledge of issues pertaining to sexual abuse and comprehension of this policy.

In the event of an allegation the enclosed Reporting and Response Procedure will be implemented by the lead pastor of First United Methodist Church.

The main points of our policy are:

1. Survivors of childhood sexual or physical abuse need the love and acceptance of this church family. Pastoral counseling is available.
2. Individuals who have been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children or youth.
3. All volunteers working with youth and children are required to be members of First United Methodist Church for a minimum of 6 months or have been known to the staff for a minimum of 1 year.
4. Alone Policy - No one-on-one with a student. If a teacher and student are left alone, the teacher should move to an area of public view, such as doorway or hallway.
5. Volunteers should immediately report any behaviors or incidents which seem abusive or inappropriate to their supervisor.

Sexual Abuse includes any contact or interaction between a child and another person in which the child is being used for the sexual stimulation of the perpetrator and/or any additional person. This contact or interaction can include rape, molestation, forcing a child to look at or fondle the sexual parts of another person, and exploitation of a child through pornography and prostitution.

Expectations and Guidelines - On Site

1. Open Doors - All classroom doors must remain open when used in conjunction with children's or youth classes and activities.(unless there are 2 teachers)
2. Floaters - Supervision will be maintained before, throughout and after all events until the children and youth are in the custody of parents or off the premises
3. Alone Policy - No one-on-one with a student. If a teacher and student are left alone, the teacher should move to an area of public view, such as doorway or hallway.
4. Bathroom Policy - Preschool bathroom doors should be partially open. Adults will assist in bathroom and diaper changing duties.
5. Sunday School dismissal will coincide with the ending of the 9:15 service.
6. Preschool and Nursery Dismissal Policy - Children will only be released to properly identified and pre authorized adults.
7. Youth Policy - Adequate supervision provided by a minimum of 1 adult per 6 students. One-on-one counseling only by paid staff with open office door.
8. Youth counselors must be 21 years of age to work with Senior High students. Youth counselors must be at least 18 years of age to work with middle school students.

Expectation and Guidelines - Off-site

1. Written parental permission form in advance of event
2. Transportation situations - Staff or other volunteers transporting youth for church sponsored events will not be alone with one child.
3. Adequate supervision will be a minimum of 1 adult to 6 children/youth. No one-on-one with a child or youth.

**First United Methodist Church of Appleton, Wisconsin
Church Staff and Volunteer Screening**

Mission Statement - Church must be a safe place.

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application form. Persons seeking a position in the church as a paid employee will be required to complete an employment application in addition to this screening form. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Personal

Date _____

Name _____
Middle Last First

Identity must be confirmed with a state drivers license or other photographic identification.

Present Address _____

Dates of Residence _____

City _____

State _____ Zip _____ Home Phone () _____

Previous Address _____
street city state

Dates of Residence _____

Please indicate the type of youth or children's work you prefer and why _____

Do you have a current driver's license?

Yes Number _____

No

Were you a victim of abuse or molestation while a minor? (see note below)

Yes

No

If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the lead pastor rather than answering it on this form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant from children's or youth work. As your church we are sensitive to this issue and can offer pastoral counseling.

Have you ever been convicted of or pleaded guilty to a crime?

Yes (If yes, please explain -- (attached a separate page, if necessary)

No

Church History and Prior Youth Work

Name of church of which you are a member: _____

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

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

List all previous non-church work involving youth (list each organization's name and address, type of work performed, and dates)

List any gifts, callings, training, education, or other factors that have prepared you for children's or youth work?

Personal References (not former employers or relatives)

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

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 children's or youth work. In consideration of the receipt and evaluation of this application by First United Methodist Church of Appleton, I also certify that any person(s) who may furnish such information concerning me should not be held accountable for giving this information and I do hereby release said person(s) from any and all liability which may be incurred as a result of collecting such information.

I further state that **I HAVE CAREFULLY READ THE APPLICANT'S STATEMENT AND KNOW THE CONTENTS THEREOF AND SIGN THIS STATEMENT OF MY OWN FREE ACT.**

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

Applicant's signature _____

Date _____

Witness _____

Date _____

GENERAL

Personnel resources require that this form be completed to permit the accurate and timely retrieval of an individual record maintained by the Department of Justice. Record requests not accompanied by the appropriate fee will be returned without process. To establish an account with the Department for frequent requests call 608/266-7314. Please feel free to duplicate this form as required to satisfy your needs. A form for multiple requests is also available for use.

WISCONSIN STATUTE 165.82

165.82 CRIMINAL HISTORY SEARCH FEE. (1) *Notwithstanding s. 19.35(3) the Department of Justice shall impose the following fees for criminal history searches for purposes unrelated to criminal justice:*

- (a) *For each record check requested by a governmental agency or nonprofit organization, \$2.*
 - (b) *For each record check by any other requestor, \$10.*
- (2) *The Department of Justice shall not impose fees for criminal history searches for purposes related to criminal justice.*

ACCESS CATEGORY DEFINITIONS

Governmental Agency (\$2 Fee) - A federal, state, county or municipal governing body created by constitution, statute, code, charter, ordinance, rule, or order and any formally constituted subunit or agency thereof.

Nonprofit Organization (\$2 Fee) - An organization in which no part of the income is distributable to its members, directors or officers. Record check requests submitted to the Crime Information Bureau by nonprofit organizations must include the assigned tax exempt number or other such information that will allow verification of "nonprofit" status.

Any Other Requestor (\$10 Fee) - Includes any individual, agency or organization that does not meet the definition of governmental agency, nonprofit organization or a criminal justice agency involved in the administration of criminal justice.

First United Methodist Church Reporting Procedure

Purpose: By reporting you are helping to end the cycle of abuse and to ensure the safety of children. Sexual perpetrators have been found to have numerous victims and a high recidivism rate.

Order of Report:

1. A report of inappropriate behavior (possible abuse) is made to a volunteer, teacher, or church staff person.
2. Volunteer, teacher or staff reports to lead pastor.
3. Lead pastor
 - a. contacts local Department of Social Services
 - b. contacts victim's parents
 - c. notifies Education Coordinator and appropriate staff members
4. Department of Social Services
 - a. interviews victim
 - b. contacts police in the county the abuse occurred
5. Police Department
 - a. interviews victim
 - b. interviews suspected perpetrator
 - c. refers case to District Attorney or find abuse case is unsubstantiated

Secondary Screening Form

(For occasional volunteers - those who may only volunteer a few hours per year)
The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. The following policies reflect our commitment to provide protective care of all children, youth and volunteers who participate in church sponsored activities.

1. Individuals who have been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children or youth.
2. Individual survivors of childhood sexual or physical abuse need the love and acceptance of this church family. Pastoral counseling is available.
3. All adult volunteers working with youth or children are required to be members of First United Methodist Church for a minimum of six months, or have been known to the staff for a minimum of one year.
4. Alone Policy - No one-on-one with a student. If a teacher and student are left alone, the teacher should move to an area of public view, such as doorway or hallway.
5. Volunteers should immediately report any behaviors which seem abusive or inappropriate to their supervisor.

Please answer the following questions:

1. As a church volunteer, do you agree to observe all church policies regarding working with you or children?
 Yes No
2. Were you a victim of abuse or molestation while a minor?
 Yes No

If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the lead pastor rather than answering it on the form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for children or youth work. As your church we are sensitive to this issue and can offer pastoral counseling.

3. Have you ever been convicted of or pleaded guilty to a crime?
 Yes (please describe on a second sheet of paper) No

I have read the above policy and agree to observe the safeguards listed.

Signature

Date

Please print name

Reference Contact Form -- Confidential

Record of Contact with a Reference or Church Identified by an Applicant for Youth or Children's Work

Name of Applicant _____

Reference or church contacted (if a church, identify both the church and person or minister contacted) _____

Date and time of contact _____

Person contacting the reference or church _____

Method of contact (e.g., telephone, letter, personal conversation) _____

Questions:

1. Would you recommend this person for work with children and youth?

2. Would you say this person is responsible in reinforcing appropriate behavior for children/youth activities?

3. Is there any additional information we should know or that you would like to offer regarding this person?

Legible Signature

Position

Date

- * The applicant does not have a right to access this confidential information from First United Methodist Church. If there are any questions, the applicant must contact the reference directly.

Sexual Abuse Prevention Screening Form for Volunteers in the Youth Ministry Program

(For occasional volunteers - those who may only volunteer a few hours per year)

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4. Alone Policy - No one-on-one with a student. If a teacher and student are left alone, the teacher should move to an area of public view, such as doorway or hallway.
5. Volunteers should immediately report any behaviors which seem abusive or inappropriate to their supervisor.

Please answer the following questions:

1. As a church volunteer, do you agree to observe all church policies regarding working with youth or children?
 Yes No
2. Were you a victim of abuse or molestation while a minor?
 Yes No

If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the lead pastor rather than answering it on the form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for children or youth work. As your church we are sensitive to this issue and can offer pastoral counseling.

3. Have you ever been convicted of or pleaded guilty to a crime?
 Yes (please describe on a second sheet of paper) No

I have read the above policy and agree to observe the safeguards listed.

Signature _____ Date _____

Please print name _____

Personal References (not former employers or relatives)

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

