

Lakeside United Methodist Church  
Safe Sanctuaries Policy and Procedures  
Adopted 2009



Lakeside United Methodist Church  
2900 Smallwood Drive West  
Waldorf, MD 20603  
301-645-0846

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Last Review: April 15, 2010

## **Introduction**

The Baltimore Washington East Conference challenges all member churches to develop, implement and maintain an effective Safe Sanctuary Policy. Lakeside embraces this challenge and the opportunity to strengthen our commitment to live according to the Gospel of Jesus Christ. As a fulfillment of this calling, we take our responsibilities for children and youth very seriously and will provide a safe environment for nurturing their spiritual growth with God.

This Safe Sanctuaries policy is written to ensure that we provide a safe environment for children and youth to grow in the love and knowledge of God. We will maintain a strong Safe Sanctuary Policy at Lakeside to protect all children and youth from potential physical or emotional harm. Likewise, our Safe Sanctuary policy will provide a level of protection for adults that should prevent false accusations of impropriety. This policy in no way indicates a lack of trust in anyone working with children or youth, but is intended to protect the entire church body.

## **Purpose**

In order to provide a *Safe Sanctuary* Lakeside will maintain age appropriate safety policies for adults, children, youth, parents, volunteers and staff. Our policies will address:

- ✝ Investigations, references, background checks and orientation of adults
- ✝ Signs and Symptoms of Abuse
- ✝ Response to allegations of Abuse
- ✝ Safety standards
- ✝ Confidentiality of all Pertinent Records
- ✝ Periodic Reviews of the Safe Sanctuary Policy
- ✝ Annual Certification of the Safe Sanctuary Policy at the Church Conference

No fewer than two adults, who are not related, are to be present at all times during any church-sponsored program involving children or youth.

Adults Leaders, Assistant Adult Leaders, Chaperones, and Young Adult Assistant Leaders will maintain 2-deep leadership, ensuring a 2nd adult is always physically present when adults are working with children/youth.

While two adults must always be present during church-sanctioned programs involving children/youth, at least one of the adults must be a fully recognized Adult Leader.

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## **Safe Sanctuary Program**

1.) Adult Leader:

Adult Leaders volunteering to lead our youth/children must be at least twenty-one (21) years and be at least five (5) years older than the group they are leading.

Adult Leaders must be finger printed and pass a criminal background check.

Adult Leaders must be nominated by the SPRC for approval before the Lakeside Church Council or at Lakeside's annual Church Conference.

2.) Assistant Adult Leader & Chaperone:

Must be at least twenty-one (21) years old and be at least five (5) years older than the group they are leading.

Are encouraged to be finger printed and undergo a criminal background check (not mandatory).

Qualify as a 2nd Adult, but must work with/be supervised by an Adult Leader at all times.

3.) Young Adult Assistant Leader (18-20 years old):

Are encouraged to be finger printed and undergo a criminal background check (not mandatory).

Qualify as a 2nd Adult, but must work with/be supervised by an Adult Leader.

4.) Youth Helper (11-18 years old):

Any youth volunteering to work with children/youth.

Do not qualify as a 2nd adult and must be directly supervised by an Adult Leader, Assistant Adult Leader, or Young Adult Assistant Leader at all times.

5.) Initial Orientation & Follow-up:

All Adult Leaders, Assistant Adult Leaders, Chaperones and Young Adult Assistant Leaders must:

- ❑ Attend an initial orientation, which will include discussion of Lakeside United Methodist Church's Safe Sanctuaries Policies and Procedures
- ❑ Complete a Volunteer Application for Children/Youth Ministry ([attachment 1](#))
- ❑ Receive 3 reference/nomination letters ([attachment 2](#))
- ❑ Complete a Volunteer Questionnaire ([attachment 3](#))

Adult Leaders, Assistant Adult Leaders, Chaperones and Young Adult Assistant Leaders will be reviewed/screened by the Lakeside SPRC to ensure required applications, nomination letters, questionnaires, and background checks have been satisfactorily completed. The paperwork/records identified in this section will be maintained by the SPRC and held in strictest confidentiality.

6.) Criminal Background Checks:

All Adult Leaders and employees that work with children/youth must be fingerprinted, and pass a criminal background check.

The SPRC will screen/review all criminal background checks and will retain/maintain the records in strictest confidentiality.

7.) Six Months of Worship Attendance:

Adult Leaders must have been attending worship at Lakeside UMC for at least six months before being appointed an Adult Leader.

Assistant Adult Leaders, Chaperones, and Young Adult Assistant Leaders working with an Adult Leader do not have to meet the six month worship restriction.

Registered Boy Scout Leaders are exempt from the six month worship restriction

8.) Appropriate Behavior and Interaction between Adults and children/youth :

When adults are working with children/youth, the adults must ensure a 2nd adult has an unobstructed view of their interactions with the children/youth. In a classroom setting, interior doors must be open or the doors must have an unobstructed window.

Counseling sessions must not take place behind closed doors. If a counseling session is necessary, hold it in a room with an open door, or in plain sight but out of hearing of others.

When in the presence of children/youth, adults should conduct themselves in an appropriate Christian manner (i.e. no profane language, no illegal drugs/alcohol, etc.).

As a general rule, adults should not initiate hugs with youth or children, and should be the first to break a hug initiated by a youth or child.

The Playground must always be supervised by at least 2 Adults.

9.) Adult ratios:

In addition to having two adults present at all times, there will be at least one adult for every ten children or youth. When off-site, more adults may be required to ensure 2-deep leadership and flexibility in dealing with an emergency situation.

10.) Showers:

Shower facilities will be segregated with separate times for adult and youth access.

11.) Overnight Stays:

Adults will not sleep in the same room as children/youth that are unrelated to them.

Rooms shall be assigned to children/youth of the same gender.

If at all possible, hotels should be chosen which have interior hallways.

When possible, adults will have rooms that adjoin, are on either side or are between rooms containing children/youth.

12.) Drivers:

Drivers transporting youth to/from church-sanctioned events must have a valid, non-provisional driver's license, proof of insurance, and must be at least 21 years old.

An adult must never be in a vehicle with fewer than two youth.

Adult Assistant Leaders and Chaperones who have passed their background check may transport youth to/from church-sanctioned events if they have a valid, non-provisional driver's license, proof of insurance, and are at least 21 years old.

Young Adult Assistant Leaders will never provide transportation for children/youth to/from church-sanctioned events.

Drivers are responsible for ensuring everyone in the vehicle has and wears a seatbelt.

13.) Permission Slips:

Permission slips are always required for overnight or off-site church-sanctioned activities.

Permission slips must be signed in person and in the presence of/witnessed by an Adult Leader, Assistant Adult Leader or Young Adult Assistant Leader.

14.) Appropriate Equipment for Activities and Trips:

All activities or trips for children and youth should involve appropriate and safe equipment. All safety precautions and instructions will be followed.

15.) Medications:

No medications (prescription or over-the-counter) will be administered to a child/youth without consent and specific instructions from the parent/guardian.

Children and youth may not possess/carry any medications unless the parent/guardian has provided written permission to the Adult Leader for the specific medications. In general, children and youth should only carry emergency medications (rescue inhalers and epi-pens).

16.) Youth Covenant of Conduct:

Any youth participating in an activity lasting more than a day will sign a covenant of conduct.

17.) Photographs:

Photos of children and youth posted on the website will not identify specific individuals by name. Child/Youth Discipline Policy: (attachment 4)

18.) Lakeside Child Care Center:

The Lakeside Child Care Center Board of Directors must ensure that the Childcare Center fully meets Lakeside United Methodist Church Safe Sanctuary Policies.

19.) Outside Groups:

Groups who use the building on a regular basis will be made aware of and abide by the church's Safe Sanctuaries Policy.

20.) Allegations of Child Abuse:

When an allegation of child abuse is made against an employee, Adult Leader, Assistant Adult Leader, Chaperone, Young Adult Assistant Leader, Youth Helper, other adult or child/youth, the following will be done:

- Protect/comfort the child.
- Immediately report the incident/allegation to Adult Leader in charge.
- Immediately assess the allegation and unless very obviously false, notify the Police. Whether true or false, the Pastor, Parents, Council Chair, and SPRC Chair will always be notified of the allegation.

- The Adult Leader in charge will immediately fill out a Report of Suspected Incident of Child Abuse form ([attachment 5](#)) and discuss the incident with the Pastor.
- The Pastor will notify the insurance agency and appropriate church representatives.
- Once the above procedures have occurred, depending on the circumstances and your involvement, all involved parties may be asked to take a temporary leave of absence of their duties working with children in the church.

21.) Points of Contact and Resources

Charles County Sherriff's Department  
La Plata, MD 20646 / 301 932-2222

Charles County Department of Social Services Child Protection  
La Plata, MD 20646

Courthouse Charles County Department of Health  
White Plains, MD 20695  
Child Abuse Coordinator/Educator & Health Promotions  
301 609-6900

Southern Maryland Red Cross  
La Plata, MD 20646 / 301 934-2066

Charles County State's Attorney's Office  
La Plata, MD 20646

Attachment 1

**VOLUNTEER APPLICATION FOR CHILDREN/YOUTH MINISTRY**

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**Last** **First** **Middle**

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**Street** **City** **Zip**

*If less than five year at this address... provide additional residence information going back 5 years on back of form.*

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Emergency Contact (Name & Phone number)**

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**Present Church Member:** **YES** **NO** **IN PROCESS**

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

**Employer:** \_\_\_\_\_ **FULL TIME / PART TIME**

**Do you have your own transportation?** **YES** **NO**

**Do you have a valid driver's license?** **YES** **NO**

**License #** \_\_\_\_\_

**Do you have automobile liability insurance?** **YES** **NO**

**List name of carrier & policy number:** \_\_\_\_\_

**First Aid Training:** **YES** **NO**

**Date completed:** \_\_\_\_\_

**CPR Training:** **YES** **NO**

**Date completed:** \_\_\_\_\_

**Past Experience: Please describe any past experience you have working with children/youth:**

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**References:** Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Waiver and Consent:**

I, \_\_\_\_\_, hereby certify that the information I have provided on this volunteer application is true and correct. I authorize Lakeside United Methodist Church to verify the information I have provided on this application by contacting the references I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references listed in this application to give you whatever information they may have regarding my character and fitness for the position for which I have applied. Furthermore, I waive my rights I may have to confidentiality.

In the event that my application is accepted and I become a volunteer at Lakeside United Methodist Church's Children and Youth Ministry, I agree to abide by and be bound by the policies of Lakeside United Methodist Church and to refrain from inappropriate conduct in the performance of my duties on behalf of Lakeside United Methodist Church.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

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

\_\_\_\_\_  
Date

Attachment 2:

## REFERENCE / NOMINATION LETTER

\_\_\_\_\_ has applied to volunteer in our Children/Youth Ministries. In order to process this person's application, we would appreciate it if you would complete the following information. This form will be kept in strict confidence. Your input will be taken seriously and will play an important role in the applicant's acceptance.

**Please mail your Reference/Nomination to: Lakeside United Methodist Church, C/O SPRC, 2900 Smallwood Drive West, Waldorf, MD, 20603.**

Should you have any questions, please call the Lakeside Pastor at 301 645-0843.

**PLEASE - DO NOT RETURN TO THE APPLICANT.**

We thank you for your thoughtful assistance in this matter and would appreciate your returning this form by \_\_\_\_\_.

1. **Please describe your relationship with the applicant. (Pastor, friend, family, etc.)**
  
2. **How long have you known the applicant?**
  
3. **How does the applicant relate well to children or youth?**
  
4. **Do you know of a time when the applicant treated or related to children or youth in an inappropriate manner?**
  
5. **Do you have any reservations about the applicant's fitness and suitability for working with children or youth? If yes, please explain.**
  
6. **Do you feel comfortable recommending this applicant:**  
1      2      3      4      5  
Not at all      ←————→      Very Strongly

*Please turn over...*

**Your name:** \_\_\_\_\_

**Your address:** \_\_\_\_\_  
\_\_\_\_\_

**Your phone number:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ *By checking here I am declining to comment on this person's history with myself or the organization I am associated with. I will NOT provide Lakeside United Methodist Church with information regarding this person's suitability to work with minors.*

Attachment 3

**QUESTIONNAIRE:**

***(Adult Leaders, Assistant Adult Leaders, Chaperones and Young Adult Assistant Leaders)***

***(Please check the appropriate box. If more space is needed, please use an additional sheet of paper.)***

1. Have you ever been accused, in a written and signed statement, of sexual misconduct with a child or a youth?  **Yes**  **No**
2. Have you ever been accused, in a written and signed statement, of sexual misconduct with an adult?  **Yes**  **No**
3. Have you ever been dismissed from any position, volunteer or salaried, because of accusations of sexual misconduct on your part?  **Yes**  **No**
4. Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part?  **Yes**  **No**
5. If your response to any of the foregoing questions (2 through 5) is “yes”, please provide on a separate sheet of paper all details regarding each accusation of sexual misconduct that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct, and the name of your employer at the time of the alleged misconduct.
6. Have accusations of sexual misconduct on your part ever resulted in Civil or criminal court proceedings at any level (e.g., indictment, arrest, trial, etc.)?  **Yes**  **No**  **N/A**  
If yes, please provide the complete details of those proceedings (including dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations, and the result of the proceedings) on a separate sheet of paper.
7. Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion?  **Yes**  **No**  **N/A**
8. Other than the above, is there any fact or circumstance involving you or

your background that would call into question you're being entrusted with the supervision, guidance, and care of young people?  Yes  No

9. Please provide three adult references (names, addresses, phone numbers) of persons who are not related to you by blood, marriage or other family relationship and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth, and adults.

**Name and Address:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

*This Questionnaire must be signed by all laypersons and un-appointed clergy who work with children or youth within Lakeside United Methodist Church.*

*If under 18, a parent or guardian must also sign.*

I verify that the answers I have provided on this Questionnaire are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this Response Form, will result in my being denied the position for which I am being considered.

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

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

## Attachment 4

### **Child & Youth Discipline Policy**

1. The adult will specify or model acceptable and positive behavior.
2. The child/youth will be redirected when displaying inappropriate behaviors.
3. The child/youth will be removed from the situation or conflict and will be given a brief quiet time as age appropriate.
4. The adult will discuss the appropriate and acceptable behavior with the child/youth.
5. If the child/youth is unable to rejoin appropriately with the group or activity, the child/youth will be given additional time to gain control with the adult in charge.
6. The adult will contact the parents to discuss a more detailed behavior management plan.
7. The adult will keep the adult in charge informed of all behavior management situations as they occur.

Attachment 5:

**INCIDENT REPORT OF SUSPECTED CHILD ABUSE**

Date: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Signature: \_\_\_\_\_

***By signing this you agree to keep all details of this incident and names confidential.***

1. Name of worker (paid or volunteer) observing or receiving disclosure of abuse of child or youth: \_\_\_\_\_
2. Victim's name: \_\_\_\_\_
3. Victim's age/date of birth: \_\_\_\_\_
4. Date/place of initial conversations with/report from victim: \_\_\_\_\_
5. Victim's Statement (give a detailed summary here):
6. Name of person accused of abuse: \_\_\_\_\_
7. Relationship of accused to victim (paid staff, volunteer, family member, other): \_\_\_\_\_
8. Reported to pastor: \_\_\_\_\_
9. Date/time: \_\_\_\_\_
10. Call to victim's parent/guardian: \_\_\_\_\_
11. Date/time: \_\_\_\_\_
12. Spoke with: \_\_\_\_\_
13. Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Call to local law enforcement agency: \_\_\_\_\_
15. Date/time: \_\_\_\_\_
16. Spoke with: \_\_\_\_\_
17. Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Attachment 6:

**SAFE SANCTUARIES APPLICANT CHECKLIST:**

Applicant's Name: \_\_\_\_\_

Application completed

Reference letters sent

Reference letters returned

#1 - \_\_\_\_\_

#2 - \_\_\_\_\_

#3 - \_\_\_\_\_

Attended Orientation

Fingerprint Cards Sent

Criminal Background Check Returned