ONALASKA UNITED METHODIST CHURCH

J1. Safe Sanctuaries Policy Agreement

I am familiar with the Onalaska United Methodist Church Safe Sanctuaries Policy and agree to abide by it when serving as a staff or assistant in church programming.

Because the Safe Sanctuaries Policy is updated periodically, training is provided annually and this form must be renewed each year.

Signature: _____ Date: _____

Print Name: _____

The OUMC Safe Sanctuaries Policy is available from the church office, or on the Resources page of the church website (http://www.onalaskaumc.org/resources). A summary brochure is also available from the church information rack.

ONALASKA UNITED METHODIST CHURCH

J2. Incident Report Form

This form is used to report incidents involving children or youth at Onalaska United Methodist Church, in accordance with the church's Safe Sanctuaries Policy. Please report to the staff or assistant in charge of the church programming immediately. *In cases of alleged abuse, please report to the pastor or the chair of the Staff-Parish Relations Committee immediately.*

INCIDENT Location: _____ Date: _____ Time: _____

CHILDREN/YOUTH INVOLVED

Name: _____ Parents: _____ Date/time notified: _____

Name: _____ Parents: _____ Date/time notified: _____

Name: _____ Parents: _____ Date/time notified: _____

Name: _____ Parents: _____ Date/time notified: _____

WITNESSES

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

DESCRIPTION OF INCIDENT

ACTION TAKEN

STAFF OR ASSISTANT REPORTING

Signature: _____ Date: _____

Print Name: _____

ONALASKA UNITED METHODIST CHURCH

J3. Child and Youth Permission Form

Full name of child: _____ Date: _____

Known as: _____ Birthdate: _____ Grade: ____ School: _____

Child's preferred phone: _____ Email: _____

FAMILY and EMERGENCY CONTACTS

Parents' or guardians' names: _____

Primary guardian's address: _____

Primary preferred phone: _____ Email: _____

Secondary guardian's address (if different): _____

Secondary preferred phone: _____ Email: _____

Other emergency contacts: _____

MEDICAL INFORMATION

Child's doctor: _____ Phone: _____ Preferred hospital: _____

Insurance information: _____

Allergies: _____

Medications: _____

PERMISSION

First Aid – I give permission for Onalaska United Methodist Church staff or assistants to administer first aid to my child. (circle one…) **YES** **NO**

Emergency Treatment – I give permission for Onalaska United Methodist Church staff or assistants to obtain emergency medical services for my child, including transportation to the hospital. **YES** **NO**

Transportation – I give permission for my child to travel with approved staff, assistant, and volunteer drivers to participate in Onalaska United Methodist Church activities. **YES** **NO**

Photography – I give permission for photos or videos taken of my child to be used for ministry publicity, either printed or electronic. I understand that children will only be identified by first names. **YES** **NO**

SIGNATURE

Parent or guardian signature: _____ Relationship to child: _____

ONALASKA UNITED METHODIST CHURCH

J4. Safety Covenant Agreement

Onalaska United Methodist Church affirms the dignity and worth of all persons. We are committed to being a religious community, open to those who wish to worship with us, especially in times of personal trouble. We recognize that people make mistakes, and that repentance and new life are possible in Jesus Christ.

However, based on your background and personal history, we have concerns about your contact with children, youth, and vulnerable adults in our congregation. Your participation in church programming will be limited to ensure the safety of these persons and reduce risks to you. You agree to act within the following guidelines:

1. You will comply fully with all restrictions and requirements placed upon you as a result of any legal actions - past, present, and future.
2. You will not be alone at any time with any child, youth, or vulnerable adult.
3. You will participate in a personal accountability group all the time you are involved with the church.
    a. Your accountability group will consist of yourself, the pastor, a member of Staff-Parish Relations Committee (SPRC), and at least one member of the congregation. At least one of these people will be the same gender as you.
    b. Your accountability group will meet with you regularly to offer support, discuss issues you may be experiencing, and pray with you. Monthly meetings are suggested, at least initially.
    c. The schedule for your participation in church programming, and your assigned partner(s), will be determined at your accountability group meeting and kept in the church office.
4. When you are on church property, or participating in church programming, you must have a partner from your accountability group with you at all times. This requirement may be waived as noted below.
    a. When you arrive at church, go directly to the office and wait for your accountability partner. You must sign in, and your partner must initial, on your participation schedule before leaving the office. If the church programming is off-site, you must prearrange a public meeting point.
    b. Your accountability partner will remain in close proximity with you at all times.
    c. If you need to use the restroom, you must use the unisex bathroom by the office. Your accountability partner will wait in the hallway.
    d. When you are done participating in your scheduled church programming, you must sign out on your schedule in the office and your accountability partner must initial. You must then leave church property or the church-sponsored event immediately.
    e. If your accountability partner is unable to meet you or has to leave early, you must leave church property or the church-sponsored event immediately.
    f. You are not allowed in the nursery at any time, even with your accountability partner.
5. Prior to your involvement with the church, terms of this covenant will be reviewed with your probation/parole officer, counselor, and any other person involved in your aftercare or treatment.
6. Prior to your involvement with the church, this covenant must be signed by the pastor, the Staff-Parish Relations Committee member of your accountability group, and anyone listed under item (5).
7. This covenant will remain on file in the church office and will be available to members of the church. It will be shared with all staff and assistants working directly with children, youth, or vulnerable adults at the church.
8. This covenant will be reviewed annually by your accountability group and updated as appropriate.

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J4. Safety Covenant Agreement (continued)

NAME: (print) _____

ACCOUNTABILITY GROUP MEMBERS:

ACTIVITY APPROVAL: Upon review of your accountability group, you are approved to participate in the following activities. The SPRC representative on your accountability group should initial all that apply.

____ Only specific church programming which has been individually reviewed and approved with your accountability group.

- OR -

____ Worship services.

____ Church programming with adults only (ie, bible study, small groups, fellowship activities).

____ Church programming where children, youth or vulnerable adults may be present along with adults.

____ Church programming intended primarily for children, youth, or vulnerable adults *ONLY UPON THE CAREFUL AND APPROPRIATE REVIEW AND APPROVAL OF THE PASTOR AND CHAIR OF THE STAFF-PARISH RELATIONS COMMITTEE.* See the Safe Sanctuaries Policy section (H4) for details.

ACCOUNTABILITY PARTNERS: Upon review of the pastor and chair of the Staff-Parish Relations Committee, requirement (4) to always have an accountability partner with you ...

____ IS IN EFFECT ____ HAS BEEN WAIVED UPON APPROVAL OF PASTOR and SPRC CHAIR

Reason for waiver: _____

SIGNATURES

Covenant Participant: _____ Date: _____

By signing this covenant, I agree that if any item of this covenant is suspected of being broken, I will meet with my Safe Sanctuaries accountability group. I agree that all decisions of the accountability group are final. I agree that if the accountability group finds that any item of this covenant was broken, I will immediately discontinue attendance at church programming. I understand and agree that all church members may be aware of this covenant and any violations thereof. I agree that all violations of this covenant will be shared with my accountability group, probation/parole officer, counselor, and any other person involved in my after-care or treatment. Any violation that is illegal in nature will be reported immediately to the appropriate authorities. I agree that I am aware that this covenant must be reviewed and renewed annually with my accountability group.

Pastor: _____ Date: _____

SPRC Representative: _____ Date: _____

Parole/Probation (5): _____ Date: _____

Counselor (5): _____ Date: _____

Other (5): _____ Date: _____