

CORNERSTONE UNITED METHODIST CHURCH  
P.O. Box 25759  
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Fayetteville, North Carolina 28314  
Office Phone: 910-868-5686

APPLICATION AND SCREENING FORMS  
FOR PEOPLE APPLYING FOR EMPLOYMENT

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CORNERSTONE UNITED METHODIST CHURCH  
SCREENING FOR PRESCHOOLERS, CHILDREN, YOUTH,  
AND VULNERABLE ADULTS VOLUNTEERS

Thank you for volunteering to work with the Church to serve our preschoolers, children, youth, and vulnerable adults. Your contribution is important and much appreciated. We ask that everyone who works with our children or youth or vulnerable adults read and sign the following Code of Ethics, and complete the attached Application and Screening Forms.

CODE OF ETHICS

The Book of Resolutions for the United Methodist Church states that we support “methods of education designed to assist every child toward complete fulfillment as an individual person of worth.” Adults and older youth who volunteer to work with our church preschoolers, children, youth, and vulnerable adults are in a position of stewardship, and play a key role in fostering spiritual development of both individuals and community. It is, therefore, especially important that those in leadership positions be well qualified to provide the special nurture, care and support that will enable preschoolers, children, youth, and vulnerable adults to develop a positive sense of self and spirit of independence and responsibility.

The relationship between young people and their leaders must be one of mutual respect, if this positive potential is to be realized. There are no more important areas of growth than those of self-worth and the development of a healthy identity as a sexual being. Adults play a key role in assisting preschoolers, children, youth, and vulnerable adults in these areas of growth.

Preschoolers, children, youth, and adults can suffer damaging effects when leaders engage in sexual conduct with persons in their care. Therefore, it is expected that leaders’ behavior will respect the worth and dignity of preschoolers, children, youth, and vulnerable adults. To this end, leaders must refrain from engaging in sexual, seductive or erotic behavior with preschoolers, children, youth, or vulnerable adults. They may not sexually harass or engage in behavior with preschoolers, children, youth or vulnerable adults which constitutes verbal, emotional or physical abuse.

The Volunteer acknowledges by signing this statement that he or she understands and agrees to comply with this Code of Ethics. The Volunteer has read the Basic Procedures for Safe Ministry with Preschoolers, Children, Youth, and Vulnerable Adults and agrees to observe them in working with Preschoolers, Children, Youth, and Vulnerable Adults. The Volunteer agrees to be bound by the Policies and Procedures For the Prevention of Abuse in the Church. In addition, the Volunteer represents he or she has filled out the attached Application and Screening Forms completely and truthfully, and agrees that in the event that he or she has been arrested for or charged in a court with any crime or offense involving a minor, he or she shall immediately notify the Pastor and shall suspend his or her activities with preschoolers, children, youth, and vulnerable adults of the Church.

I have read and understand the above statements of position, expectations and actions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Basic Procedures for Safe Ministry with Preschoolers, Children, Youth, Vulnerable Adults.**

Based in part on *Safe Sanctuaries - Reducing the Risk of Child Abuse in the Church*<sup>1</sup>

Each of the following procedures is important in a congregation's comprehensive prevention strategy. They are not listed in order of importance!

### **The "Six Months Involvement Rule"**

The "Six Months Involvement Rule" requires all volunteers to work with preschoolers, children, youth, and vulnerable adults to be involved with our church for at least six months before they are allowed in any position involving contact with minors. The exception to this six month period is when members of another church transfer their membership to our church. They must still undergo the screening process, and the personnel committee must receive documentation from their former pastor and supervisor (if in a supervised position) attesting to their work with preschoolers, children, youth, and vulnerable adults. If no such documentation is forthcoming, the individual is the subject to the six months involvement rule.

### **The "Two Adult Rule"**

The "Two Adult Rule" requires no fewer than two adults present at all times during a church sponsored program, event or ministry involving preschoolers, children, youth, and vulnerable adults. Risk will be reduced more if the two adults are unrelated. Abusers thrive on secrecy, isolation and their ability to manipulate victims. When abusers know they will not be left alone, they lose interest in working with children.

### **The "Five-Years Older Rule"**

Leaders of youth ministry should be a minimum of five years older than the oldest youth.

### **No Workers under age 18**

Putting children in charge of children invites disaster. It is common practice in many churches to allow junior or high school aged volunteers to supervise nursery or young children. People under the age of eighteen can not be expected to have developed the maturity and judgment that is needed to fully respond to young children. However, people under age eighteen can assist a responsible adult, but they should not substitute for an adult under the Two Adult Rule (see above).

### **Windows in All Classroom Doors**

Each room set aside for preschoolers, children, youth, and vulnerable adults should have a door with a window in it or half door. A window removes the opportunity for secrecy and isolation. A half door offers protection against children wandering outside the classroom and allows for full visual access. Adding a window to the pastor's door study or office protects against false allegations of misconduct. Any classroom doors without windows should remain open at all times.

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<sup>1</sup>Melton, Joy Thornburg, *Safe Sanctuaries for Youth, Reducing the Risk of Abuse in Youth Ministries, Discipleship Resources*. \$13.00. Go to: [www.discipleshipresources.org](http://www.discipleshipresources.org) and search on "Safe Sanctuaries."

### **Open-Door Counseling**

At any counseling sessions with children, youth, and vulnerable adults, the doors on the room used should remain open for the entire session, ideally when others are nearby even though not in listening distance. Counseling sessions conducted behind closed doors are a breeding ground for false allegations of abuse. Closed doors make it easy for a child abuser.

### **First Aid/CPR Training**

First aid and CPR training is required on an annual basis for all church workers working with preschoolers, children, youth, and vulnerable adults. This is a basic step to assure the safety of our preschoolers, children, youth, and vulnerable adults. Having workers who are prepared to deal competently with emergencies, whether life threatening or bumps, bruises and scrapes, goes a long way toward building the confidence of preschoolers, children, youth, vulnerable adults and parents involved in the ministry of our preschoolers, children, youth, and vulnerable adults.

### **Advance Notice to Parents/Guardians**

A basic rule with preschoolers, children, youth, and vulnerable adults ministry is to always give parents/guardians advance notice and full information regarding the event(s) in which their preschooler, child, youth, or vulnerable adult will participate. Before the event, parents/guardians must give written permission for their preschooler, child, youth, or vulnerable adult to participate. Churches are protected insofar as the parent/guardian has been informed of the event. Advance information gives a guideline to parents/guardians about scheduling and allows the parent/guardian and their preschooler, child, youth, and vulnerable adult to decide if the event and its content is suitable for their LOCAL CHURCH\RULES participation. It also demonstrates that the church has planned thoroughly to provide the safest experience.

### **Participation Covenant for All Participants and Leaders**

A written covenant of participation will be provided to all leaders and participants in preschooler, children, youth, and vulnerable adult ministries, in which they agree to: (1) take part in the ministry, (2) give their best efforts to the ministry, (3) respect the other participants, and (4) treat others as well as they would wish to be treated. Such a covenant is especially useful for establishing the onset of behavior standards expected by everyone. It is also an important reminder for leaders that abusive behavior towards any member, regardless of age or sex or race, will not be tolerated.

### **Parent and Family Education**

When a congregation has a commitment to a comprehensive plan for the prevention of abuse with its ministries, it will want to provide information about the plan to the congregation and parents.<sup>2</sup> A family education event or series of events is highly

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<sup>2</sup> Another resource, including a DVD for church members and resource materials for leaders is: Reducing the Risk II, Making Your Church Safe from Child Sexual Abuse, Church Law and Tax Report, P. O. Box 1098, Matthews, NC 28106. \$49.95(complete kit), \$39.95 (DVD). Go to the bookstore at: [www.churchlawtoday.com](http://www.churchlawtoday.com).

effective in the disseminating of the components of the church plan. An event could include: (1) a speaker from your local law enforcement agency, (2) a speaker from a local child protective service agency, (3) a doctor or counselor who is experienced in treating abused preschoolers, children, youth, and vulnerable adults, (4) an attorney experienced in advising churches about risk management or loss prevention, (5) a video about the incidence of preschooler, child, youth, and vulnerable adult sexual abuse within churches, (6) printed copies of your churches abuse prevention policies and procedures, and (7) a time for worship and prayer.

### **Appropriate Equipment and Supervision**

It is very important for those planning ministries with preschoolers, children, youth, and vulnerable adults to think through in advance, the advantages and disadvantages of the setting they are considering. If the ministry involves using special equipment, knowledge of its operation should be familiar. Incredible as it seems, children are often left alone on a playground while adults are inside at dinner. A child can be injured or taken by a stranger without a single adult witness. We will not take the risk!

### **Adequate Insurance for the Scope of Your Ministry**

Every local church needs to be adequately insured for the scope of its ministry! Most insurance companies are now cutting back on insurance coverage for sexual misconduct cases. Many have specific requirements for a church's safe sanctuaries program which should be consulted. Among those requirements it is becoming increasingly common to require national criminal background checks on certain staff and volunteers. Screening for the driving record of drivers, including volunteers, for church sponsored programs for preschoolers, children, youth, and vulnerable adults is also often required by insurers. Failure to obtain required records checks could jeopardize insurance coverage.



Previous Volunteer Experience: Please list any relevant volunteer positions you have held and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service.

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Please complete the following questions...please attached an explanation for any "yes" answer.  
Have you ever been...

...accused of, charged with or convicted of and plead guilty to a traffic offense in the last 5 yrs? Yes \_\_\_\_ No \_\_\_\_

...accused of, charged with or convicted of rape, domestic assault, or spousal abuse? Yes \_\_\_\_ No \_\_\_\_

...found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes \_\_\_\_ No \_\_\_\_

...found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? Yes \_\_\_\_ No \_\_\_\_

...accused of, charged with or convicted of the possession, use or sale of drugs within the last 7 years? Yes \_\_\_\_ No \_\_\_\_

...accused of, charged with or convicted of abuse of a minor, vulnerable adult, or developmentally disabled person? Yes \_\_\_\_ No \_\_\_\_

Are you currently involved in any court proceedings involving charges related to sexual or physical abuse of a minor, vulnerable adult, or developmentally disabled person? Yes \_\_\_\_ No \_\_\_\_

Have you resigned, been terminated or been asked to resign from a position, either paid or volunteer, due to complaint(s) of physical or sexual abuse? ` Yes \_\_\_\_ No \_\_\_\_

Other than the above matters, is there any fact or circumstance involving you and your background that would call into question your being entrusted with the supervision, guidance and care of children, young people, vulnerable adults, or developmentally disabled persons? Yes \_\_\_\_ No \_\_\_\_

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: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening/Weekend Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening/Weekend Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening/Weekend Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

Waiver and Consent:

I, \_\_\_\_\_, hereby certify that the information I have provided on this application for employment is true and correct. I authorize this church to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become employed by Cornerstone United Methodist Church, I agree to abide by and be bound by the policies of Cornerstone United Methodist Church and to refrain from inappropriate conduct in the performance of my duties on behalf of Cornerstone 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

\_\_\_\_\_  
Witness Date

Attachment for completion of application process:

- Authorization Form for Release of Information to be returned to address on form
- Completed Confidential Screening Form

## CONFIDENTIAL SCREENING FORM

This form will be reviewed by the Pastor, the Chair of the SPRC Personnel Committee, and either the Lay Leader or the Chair of the Staff Parish Relations Committee. Please answer each question candidly and completely. A “yes” answer will not necessarily disqualify a person from serving as a volunteer. The form will be kept in a confidential file to protect your privacy.

Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Please circle “yes” or “no”. If you answer “yes” to any of the following questions, please attach an explanation noting the date, nature and place of the incident involved, where the case was litigated or is pending, and the outcome or present status of the case.

1. Have you ever been convicted of, or pleaded guilty or no contest, to a criminal charge of sexual abuse, child abuse, child molestation, or child neglect, in this state or any other state or country?

Yes / No

2. Have you ever been convicted of, or pleaded guilty or no contest, to any other crime, whether a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?

Yes / No

3. Are there any criminal proceedings pending against you?

Yes / No

4. Are you the subject of an indicated child abuse or maltreatment report in this state or any other state or country?

Yes / No

5. Have you ever had a lawsuit alleging actual or attempted sexual discrimination, sexual harassment, sexual exploitation or sexual misconduct, physical abuse or child abuse filed against you which resulted in a judgment entered against you, or was settled out of court, or was dismissed because the statute of limitations had expired?

Yes / No .

6. Have you ever terminated your employment or service in a volunteer position, or had your employment or authorization to hold a volunteer position terminated, for reasons relating to

allegations of actual or attempted sexual discrimination, sexual harassment, sexual exploitation, or sexual misconduct, physical abuse or child abuse?

Yes / No

7. Are you willing to provide transportation for children or youth? Yes/No

If yes, please answer the following questions:

a. Has your driver's license ever been revoked or suspended?

Yes / No

b. In the past 3 years, have you been convicted of, or pleaded guilty to, any offense involving a moving vehicle violation in this state or any other state?

Yes / No.

c. Do you experience seizures of any kind?

Yes / No. If you answered yes, please indicate whether the seizures are controlled by medication.

d. Do you regularly take any medication that could affect your ability to drive?

Yes / No.

The information contained in this form is true to the best of my knowledge. I recognize my duty to update this information if I become aware that any answer I have given at this time becomes inaccurate in the future while I am volunteering to work with the children or youth or vulnerable adults of Cornerstone United Methodist Church ("the Church").

I authorize any references or churches listed in this application to respond to any inquiries from the Church regarding my fitness to work with children and youth, and I give my permission for the Church to conduct a background check. I further authorize the Church to question the churches and references I have listed regarding my character. To encourage them to speak freely and in consideration of the receipt and evaluation of this application, I hereby release any individual, church or reference, including record keepers and ministers, from any and all liability and responsibility arising from their actions made in good faith and without malice in response to inquiries from the Church.

To allow the Church to attain its goal of providing a safe environment for all who come to it, I authorize the Church to share information from this application, my references, and former churches on a need to know basis.

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Signature

Date

CORNERSTONE UNITED METHODIST CHURCH  
BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_ (applicant complete name), hereby authorize the CORNERSTONE UNITED METHODIST CHURCH (the "Church") and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with the Church.

I release the Church and/or its agents, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

\_\_\_\_\_  
Full legal name (printed)

\_\_\_\_\_  
Maiden name, nickname, or other names used

\_\_\_\_\_  
Present street address How long?

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Former street address How long?

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date of birth Social security # Driver's license # State of license

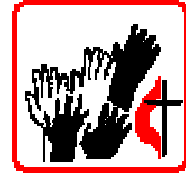
Race: (please indicate)

W	B	I	A	H	O
White	Black	American Indian	Asian/Pacific Islander	Hispanic	Other

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



# Methodist Safe Sanctuary Program



I, \_\_\_\_\_  
**Applicant's First, Middle and Last Name (Please Print Clearly) Maiden Name**

hereby authorize a designated agent or representative of **NETWORK RESEARCH SYSTEMS**, to receive any information pertaining to me from all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, and military branches to release any information about my background. Including, but not limited to: information about my, criminal record, and general public records history. I understand that all information collected is for background purposes only. I understand that omitted or hidden facts will be justification for refusal of employment or volunteer service in the Church.

**Have you ever been convicted for any violation of the law other than minor traffic violations?** Yes / No

**If yes, please provide the offense description, date and the location that the offense occurred:** \_\_\_\_\_

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

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City, State, Zip Code Daytime Telephone Number

Please list any other addresses you have lived in during the last five years:

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Address City State Zip Code

**Required Information:**

Driver License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

AUTHORIZATION AND RELEASE OF  
REFERENCES

The information contained in this screening form is correct to the best of my knowledge. I authorize any references to give you any information, including opinions, which they may have regarding my character and fitness for work with minors or persons with disabilities. Each applicant will be asked to submit the name of one person to be used as a reference. In consideration of the receipt and evaluation of this application by Cornerstone 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, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or 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 or my references in this screening form.

I further state that I have carefully read the foregoing release and know the contents thereof; and sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Print Witness Name \_\_\_\_\_ Date \_\_\_\_\_

Witnesses' Signature \_\_\_\_\_

**Reference Form For Workers with  
Preschoolers, Children, Youth, and Vulnerable Adults  
Cornerstone United Methodist Church**

Return form to: Cornerstone United Methodist Church  
P.O. Box 25759  
1411 Rim Road  
Fayetteville, North Carolina 28314

Name, address and phone number of applicant: \_\_\_\_\_  
\_\_\_\_\_

Name, address and phone number of reference: \_\_\_\_\_  
\_\_\_\_\_

The above named applicant has made application to serve as a worker for preschoolers, youth, children, or vulnerable adults in the programs of Cornerstone United Methodist Church. You are being asked to give a reference as required by the Cornerstone United Methodist Church Safe Sanctuaries Policy. Please answer the following questions to the best of your ability.

1. How long have you known the applicant?
2. In what capacity have you been affiliated with the applicant?
3. Do you know of any problems the applicant has that would affect his/her leadership with youth, children or vulnerable adults? (circle one that applies)
4. Would you entrust the care of your child to the applicant? Yes \_\_\_\_ No \_\_\_\_

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

**CORNERSTONME UNITED METHODIST CHURCH**

**PRIVACY STATEMENT**

To assure the protection and preservation of the confidential information regarding the background records and reference checks of current or potential employees and volunteers, the Church hereby agrees to release any obtained information only to those individuals responsible for the hiring, selection and screening of these individuals and to no one else, except as required by law enforcement. At present, these documents will be reviewed by the Pastor, the Chair of the SPRC Personnel Committee, members of the SPRC Personnel Committee, and the Chair of the Staff Parish Relations Committee.

By signing this you acknowledge that you have reviewed this statement, and that you understand to whom your background records and reference checks will be shared with and released to.

Signature: \_\_\_\_\_  
(Pastor or Chair of SPRC Personnel Committee)

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

Signature: \_\_\_\_\_  
(Applicant)

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

## VOLUNTEER PHOTOGRAPH

If applicant is approved, attach a photograph of the applicant to this document below. The photograph should be updated every 5 years or as needed.

# Child Abuse Prevention Reporting

## WHAT IS CHILD SEXUAL ABUSE?

“Child sexual abuse is any sexual activity with a child – whether in the home by a caretaker, in a church, a day care situation, a foster/residential setting, or in any other setting, including on the street by a person unknown to the child. The abuser may be an adult, an adolescent, or another child, provided the child is four years older than the victim.”

Child sexual abuse may be violent or non-violent. All child sexual abuse is an exploitation of a child’s vulnerability and powerlessness in which the abuser is fully responsible for the action. Child sexual abuse is criminal behavior that involves children in sexual behaviors for which they are not personally, socially, and developmentally ready.

Child sexual abuse includes behaviors that involve touching and non-touching aspects.

ABUSE - May be any act committed by a person in a position of trust (parent, caregiver, Sunday School teacher, youth leader, pastor, or other) which harms or threatens to harm a preschooler’s, child’s, youth’s, or vulnerable adult’s, welfare, physical, spiritual or mental health.

1. We recognize Abuse may fall into four categories:
  - a. **PHYSICAL ABUSE** - Inflicting bodily harm to a preschooler, child, youth, or vulnerable adult, constitutes physical abuse. Instances of physical abuse include any physical act of undue force such as assault with knife, strap, or other implement; burns, fractures, and bruises resulting from being beaten, pushed down, shaken, pinched, slapped or thrown. Physical abuse does not always leave visible marks.
  - b. **SEXUAL ABUSE** - Any time a preschooler, child, youth, or vulnerable adult, is used for the sexual stimulation of an adult or older child, abuse has occurred. The preschooler, child, youth, or vulnerable adult is powerless either to consent to or resist such sexual acts. This includes fondling, sexual intercourse, forced participation in sexual acts, incest, exploitation for the purpose of pornography or prostitution, and/or exposure to adult sexual activity.
  - c. **EMOTIONAL ABUSE** - Emotional abuse deeply affects a preschooler's, child’s, youth’s, or vulnerable adult’s self-esteem by submitting him/her to verbal assault or emotional cruelty. It does not always involve injuries we can see. The preschooler, child, youth, or vulnerable adult receives the message that he/she is not good and never will be. Emotional abuse can include closed confinement (being shut in a small area), making racial remarks, excessive punishment, use of profanity, knowingly permitting drug or alcohol abuse, ignoring or encouraging peer abuse.

- d. **NEGLECT** - It is not hearing or addressing a preschooler's, child's, youth's, or vulnerable adult's basic needs for health, welfare or safety resulting in harm to the child, youth, or vulnerable adult. It can include any of the following acts of negligence or maltreatment:

- failure to provide adequate food, shelter, clothing;
- abandonment;
- refusal to seek treatment for illness;
- inadequate supervision;
- health hazards in the home, school, or church;
- ignoring a child's, youth's, or vulnerable adult's need for contact,
- affirmation, stimulation and nurture.

## Specific Acts And Omissions In Violation Of The Policy

The following acts and omissions are violations of this Policy and will not be tolerated or accepted during any activity or program and are to be immediately reported to the designated program staff after the safety of the preschoolers, children, youth, and vulnerable adults involved has been assured.

- ◆ Any direct observations or evidence of sexual activity in the presence of or in association with a preschooler, child, youth, and vulnerable adult.
- ◆ Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards a preschooler, child, youth, and vulnerable adult.
- ◆ Sexual advances or sexual activity of any kind between any person and a preschooler, child, youth, and vulnerable adult.
- ◆ Infliction of physically abusive behavior or bodily injury to a preschooler, child, youth, and vulnerable adult.
- ◆ Physical neglect of a preschooler, child, youth, and vulnerable adult, including failure to provide adequate supervision in relation to the activities of the Church.
- ◆ Mental or emotional injury to a preschooler, child, youth, and vulnerable adult.
- ◆ The presence or possession of obscene or pornographic materials at any function of the Church.
- ◆ The presence, possession, consumption of or being under the influence of any illegal or illicit drugs or alcohol while leading or participating in a function for our preschoolers, children, youth, and vulnerable adults at the Church.

## This Procedure Is Used For Reporting Instances Of Injury, Harm Or Abuse

### 1. Steps in responding to a reported incident

A. The volunteer, worker, or leader shall take the following steps immediately.

- 1) insure the privacy and safety of the alleged victim;
- 2) treat the individuals involved with dignity, honor and confidentiality;
- 3) immediately remove the accused individual from further involvement with preschoolers, children, youth, and vulnerable adults;

- 4) notify the Pastor immediately;
  - 5) if the Pastor is not available, notify the chair of the staff-parish relations committee and the Safe Sanctuary Administrative Board;
  - 6) complete a report form for each incident, accident or abusive situation.
- B. Upon notification, the Pastor or the Chair Of The Staff-Parish Relations Committee And The Safe Sanctuary Administrative Board shall take the following steps immediately.
- 1) Notify the parents/guardians of the alleged victim.
  - 2) Address any needs the child/youth or vulnerable adult may have, including medical.
  - 3) Review Cornerstone's Safe Sanctuary Policy and Procedures, and the Cornerstone United Methodist Church Basic Policy Statement On Sexual And Gender Harassment And Misconduct Of A Sexual Nature.
  - 4) Notify each of the following:
    - a. Should a child (Under 18 years of age) bring an alleged incident of abuse to you, it **MUST** be reported to Child Protective Services in their local county Department of Social Services, if you believe the allegation could or may be true. It may also be reported to law enforcement. All alleged incidents of adult (Over 18 years of age) abuse **MUST** be reported to Adult Protective Services in their local county Department of Social Services, and may be reported to law enforcement. For the region served by Cornerstone United Methodist Church the contact information for the four local county Department of Social Services is:

**Cumberland County Department of Social Services**  
 1225 Ramsey Street  
 PO Box 2429  
 Fayetteville, NC 28302  
 (910) 323-1540 / Fax: (910) 677-2801  
 Emergency Phone: (910) 323-1500

**Harnett County Department of Social Services**  
 311 Cornelius Harnett Blvd.  
 Lillington, NC 27546  
 (910) 893-7500 / Fax: (910) 893-6604  
 Emergency Phone: (910) 893-9111

**Hoke County Department of Social Services**  
 Physical Address: 314 South Magnolia Street  
 Mailing Address: PO Box 340  
 Raeford, NC 28376  
 (910) 875-8725 / Fax: (910) 875-1068  
 Emergency Phone: 911 or (800) 842-9111

**Sampson County Department of Social Services**

405 County Complex Rd.  
PO Box 1105 Clinton, NC 28328  
(910) 592-7131 / Fax: (910) 592-4297

- b. The proper law enforcement agency.
  - c. Contact the appropriate church authority; i.e. Pastor, District Superintendent, or Bishop.
  - d. Call the North Carolina Conference Sexual Ethics Support Team (1-877-603-8816).
  - e. Cornerstone UMC insurance agent
  - f. Cornerstone UMC attorney
- 5) Serve as the news media liaison for Cornerstone UMC.
  - 6) A written report of basic information is necessary to ensure on-going ministry to, and advocacy for, victims and others involved in a suspected case of abuse. Any report of child abuse or suspected child abuse should be met with a written record of the information. Basic information shall include:
    - Names, ages, addresses, telephone numbers of both the abused and the accused.
    - Nature of the abuse, dates (if possible), and factual details that brought the report into being.
    - The name of the person making the report, date information was received, their signature and any other factual information.
    - Reports shall be brief and void of speculation, unsupported opinion, and information not relative to the situation.
    - These reports need to be filed in a secure place to ensure the confidentiality of the person who has made the disclosure. All reports shall be made in ink or typed.
  - 7) Keep a written record of each step taken throughout the process, including Name of person(s) to whom reported, date & time of reporting must also be documented.
  - 8) The report should be communicated and filed with the Pastor, the Staff Parish Relations Committee Chairman, and the Safe Sanctuary Administrative Board Chairman, or the Institution or Conference Event where the suspected abuse took place. In the event that the director and/or ordained minister is the alleged perpetrator, the report must be made to the District Superintendent and subsequent handling should follow the procedures outlined in the "Cornerstone United Methodist Church Basic Policy Statement On Sexual And Gender Harassment And Misconduct Of A Sexual Nature". In every case, information should be well documented and safely secured by the person making the report, as well as, those receiving it. (An original of the documentation should be maintained in the Pastor's office (unless he/she is the accused, then the original should be maintained by the chair of the Staff Parish Relations Committee. A copy of the documentation shall also be forwarded to the District Superintendent.)
  - 9) Prepare a brief, carefully worded statement to the congregation, telling the truth, but withholding the names of the alleged victim and the accused.
  - 10) Cooperate fully with the investigation conducted by law enforcement personnel.

2. When the Pastor is accused the following actions shall be taken immediately by the chair of the Staff Parish Relations Committee and/or the chair of the Administrative Board.
  - A. Insure the privacy and safety of the alleged victim.
  - B. Treat the accused individual with dignity, honor and confidentiality.
  - C. Remove the accused individual from further involvement with preschoolers, children, youth, and vulnerable adults.
  - D. Notify the chairs of the Staff-Parish Relations Committee and the Safe Sanctuary Administrative Board, and the chair of the Staff-Parish Relations Committee shall immediately notify the District Superintendent. The District Superintendent will represent Cornerstone UMC in response to the accusation.

In all cases use the following incident report for suspected abuse of preschoolers, children, youth, and vulnerable adults.

**INCIDENT REPORT OF SUSPECTED ABUSE  
Cornerstone United Methodist Church**

**1. Name of Worker (paid or volunteer) observing or receiving disclosure of suspected abuse of preschooler, child, youth, or vulnerable adult** \_\_\_\_\_.

**2. Suspected victim's name:** \_\_\_\_\_.

**Suspected victim's age / date of birth:**\_\_\_\_\_.

**3. Date / Place of initial conversation with / report from suspected victim:**\_\_\_\_\_.

**4. Suspected victim's statement (give a detailed summary here ) :**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**5. Name of person (s) accused of abuse:**\_\_\_\_\_.

**Relationship of accused to victim ( paid staff, volunteer, family member, other).**  
\_\_\_\_\_.

**6. Reported to Pastor:**

**Date / time:** \_\_\_\_\_

**Summary:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**7. Call to suspected victim's parent / guardian :** \_\_\_\_\_.

**Date / time :** \_\_\_\_\_.

**Spoke with :** \_\_\_\_\_.

**Summary :**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**8. Call to local children and family service agency :** \_\_\_\_\_.

**Date / time:** \_\_\_\_\_.

**Spoke with :** \_\_\_\_\_.

**Summary :**

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**9. Call to local law enforcement agency :**

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**Date / time :**

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**Spoke with :**

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**Summary :**

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**10. Other contacts :**

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**Name :**

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**Date / time :**

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**Summary :**

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\_\_\_\_\_  
**Signature of Person Making the Report**

\_\_\_\_\_  
**Date**