**Haygood Memorial UMC Policy**

**on Social Networking and Blogging**

Reducing the Risk of Abuse in the Church

for Children, Youth and Vulnerable Adults

In general, Haygood Memorial UMC view social networking and social networking sites (e.g. Facebook, Twitter), personal websites, and Weblogs positively and respects the right of members to use them as a medium of self-expression. If a person chooses to identify himself/herself as someone associated with Haygood Memorial UMC or with any program, ministry, or activity, on such Internet venues, some readers of such websites or blogs may view the member or adult volunteer as a representative or spokesperson of the church. In light of this possibility, Haygood Memorial UMC requires as a condition of participation in the life of the church, that our church community observe the following guidelines when referring to the church, its programs, ministries, or activities, its members, constituents, volunteers, workers, staff, and clergy, in a blog or on a website.

1. We must be respectful in all communications and blogs related to or referencing the church, its employees, other volunteers, and other members.
2. We must not use obscenities, profanity, or vulgar language.
3. We must not use blogs or personal websites to disparage the church, its employees, other volunteers, or other members of the church.
4. We must not use blogs or personal websites to harass, bully, or intimidate members, volunteers, or employees of the church. Behaviors that constitute harassment and bullying include, but are not limited to, comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another person.
5. We must not use blogs or personal websites to discuss engaging in conduct that is prohibited by church policies, including, but not limited to, the inappropriate use of alcohol and illegal drugs, sexual behavior, sexual harassment, and bullying.

Anyone found to be in violation of any portion of this Social Networking and Blogging Policy may be subject to immediate disciplinary action, up to and including dismissal.

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

 Signature Date

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

 Print full name

Haygood United Methodist Church

Volunteer Authorization for Screening and Background Check

The information contained in this application will be disclosed only to those who have a genuine need to know in order to carry out their responsibilities or as required by law.

(PLEASE PRINT)

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screening (Note our background checks will go back indefinitely so please answer CORRECTLY)

In order to assure the health, safety, and security of our children and youth, we screen our employees and volunteers. Please fill out the information below so we may discuss how this may impact your serving in Children’s or Youth Ministries.

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever had a problem with drugs, alcohol, pornography, or any other addiction, or has anyone ever

 suggested that you may have a problem with any of these things?

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony

\_\_\_\_\_ Yes \_\_\_\_\_ No Child Abuse: have you ever been charged with or convicted of misdemeanor or felony?

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you had any motor vehicle violations or traffic accidents in the past 5 years?

\_\_\_\_\_ Yes \_\_\_\_\_ No Are you under any type of driving probation?

IF YOU ANSWERED YES TO ANY QUESTION ABOVE, PLEASE EXPLAIN BELOW OR ATTACH AN EXPLANATION (A “YES” ANSWER IS NOT AN AUTOMATIC REJECTION; HOWEVER, AN INCORRECT ANSWER WILL RESULT IN REJECTION)

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

Authenticity and Authorization

I hereby certify that the information I have provided on this application is true and correct to the best of my knowledge.

I understand that an investigative background inquiry may be performed on me, including, but not limited to, criminal conviction history and driving history and other such reports that may exhibit information on my character, work habits, performance, education and experience, along with reasons for termination of employment from previous employers, where such information exists. Furthermore, I understand that Haygood United Methodist Church will be requesting information from various federal, state and other such agencies, which maintain civil history and other background.

I understand that I have the right to review and challenge any negative information that would adversely impact a decision to offer volunteer work.  In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Haygood United Methodist Church. Under the Fair Credit Reporting Act, I understand that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

I hereby authorize, without reservation, any party or agency contracted by Haygood United Methodist Church, to furnish the above listed information and to release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form.

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

# HAYGOOD UNITED METHODIST CHURCH AND ITS AFFILIATES

**CONSENT TO PERFORM A PERSONAL HISTORY/BACKGROUND CHECK**

**IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Last Name | First Name | Middle Name or Initial |

**\*AS SHOWN ON THE ORIGINAL APPLICATION**

**\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS / CREDIT REPORTS / MOTOR VEHICLE REPORTS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am an applicant/volunteer with the HAYGOOD UNITED METHODIST CHURCH. As a part of the application process I have been advised that the district conducts a criminal history check that may include a credit report and/or motor vehicle report. I do hereby consent to the use of any and all information provided to the district in the application process to be used in the criminal history/background check.

The following are my responses to questions about my criminal history (if applicable).

1. \_\_\_\_YES \_\_\_\_NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).

If yes, please provide details below.

|  |  |  |
| --- | --- | --- |
| State: | County: | Date of Offense: / / |
| Details of conviction: 1. |  |
| 1. |  |
| 1. |  |

2. \_\_\_\_YES \_\_\_\_NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

|  |  |  |
| --- | --- | --- |
| State: | County: | Date of Offense: / / |
| Details of offense: 1. |  |
| 1. |  |
| 1. |  |

3. \_\_\_\_YES \_\_\_\_NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

|  |  |  |
| --- | --- | --- |
| State: | County: | Date of Offense: |
| Details of supervision: 1. |  |
| 1. |  |
| 1. |  |

4. \_\_\_\_YES \_\_\_\_NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

|  |  |  |
| --- | --- | --- |
| Country: | City: | Date of Offense: |
| Details of conviction: 1. |  |
| 1. |  |
| 1. |  |

5. \_\_\_\_YES \_\_\_\_NO As of the date of this consent form, do you have any pending charges against you?

If yes, please provide details below.

|  |  |  |
| --- | --- | --- |
| State: | County: | Date of Arrest |
| Details of pending charges: . |  |
| 1. |  |
| 1. |  |

\_\_\_\_ Yes \_\_\_\_ No Have you ever had a problem with drugs, alcohol, pornography, or any other addiction, or has anyone suggested that you may have a problem with any of things?

\_\_\_\_ Yes \_\_\_\_ No Child Abuse: have you ever been **charged with or convicted of** physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor?

\_\_\_\_ Yes \_\_\_\_ No Have you had any motor vehicle violations or traffic accidents in the past 5 years?

\_\_\_\_ Yes \_\_\_\_ No Are you under any type of driving probation?

\_\_\_\_ Yes \_\_\_\_ No Have you ever been granted pre-trial diversion?

\_\_\_\_ Yes \_\_\_\_ No Are you currently on pre-trial diversion?

\_\_\_\_ Yes \_\_\_\_ No Have you ever been investigated by Child Protective Services?

IF YOU ANSWERED **YES** TO **ANY** QUESTION ABOVE, PLEASE EXPLAIN BELOW OR ATTACH AN EXPLANATION **(A** **“YES” ANSWER IS NOT AN AUTOMATIC REJECTION; HOWEVER, AN INCORRECT ANSWER WILL RESULT IN REJECTION**)

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

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18.

**CITY/TOWN COUNTY STATE YEARS LIVED**

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

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEER EXIST AND MAY BE USED AT THE DISCRETION OF THE CHURCH.**

## Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_

**APPLICANT (PRINT NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Haygood United Methodist Church - Safe Sanctuary Training Test Questions**

*Please print, fill out, and email/mail to* *caroline@haygoodumc.org*

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

1. Who is protected through the Safe Sanctuary Policy?
	1. Children
	2. Church
	3. Volunteers
	4. All of the above
2. If I do not follow the Safe Sanctuary Policy I may
	1. Lose my position as volunteer/employee
	2. Be reported to law enforcement
	3. Face no consequences
	4. Both A and C
3. A Safe Sanctuary worker is one who can
	1. Describe types of abuse
	2. Report suspected abuse
	3. Identify child abuse
	4. A, B, and C
4. One of the rules of behavior is
	1. Talk softly in the classroom
	2. 2 adults per classroom
	3. Be safe
	4. Play on the playground
5. Adults should always be in the
	1. Dark
	2. Hallway
	3. Line of sight
	4. Chair
6. Who should accompany children to the restroom/change diapers?
	1. Children
	2. Women
	3. Adults
	4. Men
7. In order to transport a child, Safe Sanctuary Workers should obtain written permission
	1. From siblings
	2. From the child’s parent
	3. By phone from parent
	4. From the child
8. Which is *not* a type of child abuse/neglect?
	1. Friendship abuse
	2. Emotional abuse
	3. Sexual abuse
	4. Physical neglect

cat

;

1. What is not a potential sign of abuse/neglect?
	1. Playing loudly
	2. Playing in age-*in*appropriate way
	3. Unexplained marks
	4. Concealing food
2. To whom do I report suspected abuse/neglect?
	1. Supervisor
	2. Senior Pastor
	3. 411
	4. Both A and B
3. Information related to a suspected abuse/neglect case should be
	1. Keep confidential
	2. Documented
	3. Told to other volunteers
	4. Both A and B
4. If I report suspected abuse/neglect retaliation is
	1. Certain
	2. Illegal
	3. Unlikely
	4. Probable

Haygood United Methodist Church

Volunteer Authorization for Screening and Background Check

Employee requesting background check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(PLEASE PRINT)

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_\_\_

Maiden Name (if applicable) or Previous Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_

County and State of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address if less than one (1) year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position or Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screening (Note our background checks will go back indefinitely so please answer CORRECTLY)

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