

Walk through of St. Luke UMC's Safe Sanctuary Training Process

- 1.) Complete the forms below and turn them in to the church office.
- 2.) **Send your email address** to stephen@stlukeumc.com. I will send you an invitation to the website training process. The invitation will come from my email address, so add me to your safe list, or look for me in your spam folder if you don't receive it. **The invitation expires 10 days after you receive it.**
- 3.) Follow the link and **set up your account** with Christianity Today.
 - a.) Enter your email address and new password if you have an account with Christianity Today already. Check "no" if you do not already have one and then "next" or "okay" to get to the next screen.
 - b.) If "no", enter your name, email and new password. Click "next."
 - c.) Select Children/Youth Worker and click "next."
 - d.) Check the "Yes" box to create your account. (It does say something like "you are confirming the designated charge to your credit card." This refers to St. Luke's credit card and not yours. You will not be asked for credit card info.)
- 4.) On the next screen, click "Get Started." It will take you to www.reducingtherisk.com. Or once your account is created, you can go there directly yourself.
- 5.) Enter your user name and password in the green login bar. An intro video should start up.
- 6.) After you watch the video, click on the orange "My Resources" box. There are 7 sections for you to review (one 3 paged introduction with text, 5 videos, and 1 test).
- 7.) Review the intro section and watch each of the 5 videos. You can only view each of these sections 5 times.
- 8.) Once you are done, take the test. It consists of 9 multiple choice questions. You must get 80% or higher to pass. **This means you can only miss one question to pass.** If you fail, it will tell you which questions you missed. Re-watch the videos and take the test until you pass.
- 9.) Once you pass the test, you have completed the process. I get report of what training sections your completed and if you passed the test or not.
- 10.) If you have any questions about the process, send me an email at stephen@stlukeumc.com.

Safe Sanctuary Paperwork

**St. Luke United Methodist Church
Omaha, Nebraska**

CONFIDENTIAL

This Application is to be completed by all applicants (lay and clergy) for any volunteer position involving the supervision or custody of minors or developmentally disabled adult dependent persons. It is being used to help the church provide a safe and secure environment for those children, youth, and developmentally disabled adult dependent persons who participate in our programs and use our facilities.

Date _____ Age you will be on your birthday this year _____

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Place of employment _____

Job title _____

Work address _____

Work Phone _____

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? ___No ___Yes

If yes, please explain:

Have any verbal or written complaints or any other forms of allegations of misconduct, relating to child abuse or sexual molestation, ever been made against you? ___No ___Yes

If yes, please explain:

Applicant's Statement:

The information in this application is correct to the best of my knowledge. I authorize any references of churches listed in this application to give you any information, including opinions, that they may have regarding my character and fitness for work with children, youth, and developmentally disabled adult dependent persons. I further authorize you, in your full discretion, to make a criminal records check of me. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith without malice. I waive any right I may have to inspect references provided on my behalf.

Should my Application be accepted, I agree to be bound by and to familiarize myself and stay informed of the policies of St. Luke United Methodist Church and the supervision provided.

Applicant's signature

Date

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CRIMINAL RECORDS CHECK AUTHORIZATION

As a volunteer at St. Luke United Methodist Church, I hereby authorize ChoicePoint Services Inc., on behalf of St. Luke United Methodist Church, to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility to continue as a volunteer at St. Luke United Methodist Church.

I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have the opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I also understand that, by law, I may see a copy of the transcript, for its review, but may not receive a copy of the document in any fashion or form.

I, the undersigned, do for myself, my heirs, executors, and administrators, hereby remise, release, and forever discharge and agree to indemnify St. Luke United Methodist Church and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims, demands, whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer of St. Luke United Methodist Church.

Print volunteer's name _____ Date _____

Volunteer's signature _____

The volunteer must have his/her signature witnessed by an adult. The witness must sign below.

Print witness name _____ Date _____

Witness' signature _____

Please complete and turn in this signed statement and the attached form.

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CRIMINAL RECORDS CHECK

(please print all information clearly)

Current legal name (printed) _____
Last name *First name* *Middle name*

Social Security Number: ____ - ____ - ____

Sex: ____ Male ____ Female

Date of birth: ____ / ____ / ____
Month *Day* *Year*

Street address _____

City _____ State _____ Zip _____

County of residence _____

Place of birth: _____

The name above is my current legal name. Any previously used names, including Maiden Name, are listed below:

The address above is my current address. Any previous addresses where I have lived in the past 20 years, are listed below (list street address, city, and state):

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Have you ever been convicted of any crime? Yes No

Are there any legal charges pending against you? Yes No

If yes to either of the above two questions, please explain: _____

Signature _____ Today's date _____

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VOLUNTEER'S PERSONAL REFERENCES

Print your name _____

List two personal references whom St. Luke can contact who are familiar with your children/youth experience.
References need to be non-relatives.

Please let these persons know they will be contacted for a reference check.

Reference #1

Name:

Address:

Phone:

Relationship to you or in what capacity does this person know you:

Reference #2

Name:

Address:

Phone:

Relationship to you or in what capacity does this person know you:

**REFERENCE FORM FOR VOLUNTEERS WITH CHILDREN, YOUTH
AND DEVELOPMENTALLY DISABLED ADULT DEPENDENT PERSONS**

RETURN TO:
St. Luke UMC
11810 Burke Street
Omaha, NE 68154

Name of Applicant: _____

Name of Reference: _____

Address of Reference: _____

City _____ State _____ Zip _____

The above named applicant has made application to serve as a volunteer at St. Luke United Methodist Church. S/he gave your information as a personal reference. Answer the following questions to the best of your ability. Please return within one week in the enclosed self-addressed stamped envelope.

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 children, youth and/or developmentally disabled adult dependent persons?

4. Would you entrust the care of your child to the applicant? Yes ____ No ____
Why or why not?

Signature of Reference: _____ Date: _____

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