



MEMO—WELCOME TO SAFE SANCTUARIES TRAINING

To: Safe Sanctuaries Participant
From: Safe Sanctuaries Administration
Re: Instructions and Application for Certification

Thank you for your interest in ministry to children, youth and adult persons with developmental disabilities. Children, youth and adult persons with development disabilities are a top priority in the Nebraska United Methodist Conference. Thoroughly screening our applicants for work in this ministry is one important step we take to accomplish this goal. Thanks for taking just a few minutes to complete this form. We will follow up with you after we had an opportunity to perform a background check and contact your references. Please let us know if you have any questions about this screening process. Again, thanks for partnering in this ministry.

The first section of this form is the Safe Sanctuaries application. The application is used much like an employment application. We will use this information to initiate a file.

The **RELEASE OF INFORMATION** section is used to check your name against the Nebraska Department of Health and Human Service Adult/Child Protective Services Central Registers.

The **ONE SOURCE, APPLICANT COMPLETE** section is used to check your name with law enforcement to do a Nebraska county court search and national criminal check.

The personal reference will be mailed from the Conference Office; we will provide your reference with a stamped self-addressed envelope. **PLEASE DO NOT GIVE THIS FORM TO YOUR REFERENCE; IT MUST BE DONE BY OUR OFFICE.**

- We ask that you provide one personal reference from a place of employment or prior volunteer service, especially regarding previous work with other youth -serving organizations; and one from your current pastor, /district superintendent or another clergy person.

References must meet the following criteria:

- must be over age 18;
- must not be a relative;
- must have seen you work with minors and be able to speak to your ability to interact with young people;
- must have known you for at least one year.

The last page is a record of your Safe Sanctuaries training and must be signed by you and your trainer.

After we receive your personal references responses and have received the One Source background and a report from the Nebraska Department of Health and Human Services, we will issue a Safe Sanctuaries Certification Card that will be good for three years. In the event that something appears on the background check we will send a letter giving you the opportunity to verify the accuracy of the information and request a written response. Then, all of the information is reviewed before a final decision is rendered.

Thanks again for your willingness to serve in this special ministry to children, youth and adult persons with developmental disabilities. If you have additional questions, please contact Sheree Brown, 402-464-5994, ext. 114, or sbrown@umcneb.org.

3333 Landmark Circle
Lincoln, NE 68504

402-464-5994
800-435-6107

Fax 402-464-6203
www.umcneb.org



SAFE SANCTUARIES APPLICATION

RETURN TO: Nebraska United Methodist Conference Center
3333 Landmark Circle
Lincoln, NE 68504

Please enclose a \$20 application fee, payable to Nebraska Conference Treasurer

Confidential

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

Date: _____

Name: _____
Last First Middle

Present Address: _____
Mailing Address City State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Employer Name: _____ Address: _____

Have you ever been charged/convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes _____ No _____

If yes, please explain: _____

Have any complaints or any forms of allegations of misconduct ever been made against you? Yes _____ No _____

Name of church of which you are currently a member: _____

How long have you been a member? _____

List any training or experience you have had that has prepared you to work in the ministry with children, youth and adult persons with developmental disabilities. Please include previous volunteer work, professional license or certification.

Identify all faith communities you have attended or in which you have been involved in the last five years.

Name _____ City _____

Attended from (dates) _____

Name _____ City _____

Attended from (dates) _____

Name _____ City _____

Attended from (dates) _____

References:

Please provide two personal references from a place of employment or prior volunteer service, especially regarding previous work with other youth serving organizations. References must meet the following criteria: must be over age 18; must not be a relative; must have seen you work with minors and/or adult persons with developmental disabilities and be able to speak to your ability to serve young people; must have known you for at least one year; and one must be your current pastor or District Superintendent or another clergy person.

A. Clergy/Pastoral Reference

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: () _____ Work: () _____ Cell: () _____

Email address _____ Length of time you've know this person _____

How do you know this person? _____

B. Personal Reference

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: () _____ Work: () _____ Cell: () _____

Email address _____ Length of time you've know this person _____

How do you know this person? _____



AUTHORIZATION AND RELEASE OF LIABILITY

I hereby represent and warrant that the information contained in this application is correct and complete to the best of my knowledge. I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer/paid service. In consideration of the receipt and evaluation of this application by the conference, I hereby release the organization in which I am applying to volunteer and all of directors, officers, employees, agents, and volunteers, and any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, relating to the obtaining, communication, and use of information about me or relating to this authorization on account of compliance or any attempts to comply with the authorization, excepting only the communication of knowingly false information. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THERE OF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding release which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be valid as the original. I further understand that the following checks may be conducted on me, and I consent to any such check.

- A national criminal background
- A Nebraska county court search
- Adult and Child Protective Services Central Register
- National Sex Offender's Registry
- Pastoral reference
- Personal reference

Further, I understand that a copy of my application will be returned to the organization in which I am applying for a paid or volunteer position.

I understand that I waive any right that I may have to inspect any information provided about me by any person or organization described above. I have read and understand the above provisions and agree to them.

Signature

Date



Division of Children and Family Services

State of Nebraska
Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: One Source, The Background Check Company –Fax 1-800-929-8117

Please do not use abbreviations

Address and Phone Number: P.O. Box 24148, Omaha, NE 68124—Attn Nick Jasa

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.



Nebraska United Methodist Conference
SAFE SANCTUARIES PERSONAL REFERENCE FORM

Instruction: The applicant listed below has applied to work with children, youth and/or adult person with developmental disabilities in a local church, district, camping or conference ministry. In order to determine the applicant's suitability for this position, we are asking that you take a few moments to complete and return this reference form. Please use enclosed stamped addressed envelope marked *Personal and Confidential*. Your cooperation is greatly appreciated.

Part 1: TO BE COMPLETED BY APPLICANT

Name of Applicant _____ Name of Reference _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Telephone () _____ Telephone () _____

Part 2: TO BE COMPLETED BY REFERENCE

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant's general personality?
5. How would you describe the applicant's ability to relate to children and/or youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicant's leadership abilities?
8. How would you feel about the applicant as a volunteer worker with your child and/or youth?
9. Do you know of any characteristics or circumstances that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
11. Please list any other comments you would like to make:
12. Are there other people that you think we should contact in regard to this applicant?

Name _____ Name _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Telephone () _____ Telephone () _____

Reference completed by: _____
Signature Date

Once completed, please return in enclosed stamped addressed envelope. Thank you for your assistance.
RETURN TO: Nebraska UM Conference Center, Attn: Sheree Brown, 3333 Landmark Circle, Lincoln, NE 68504



Nebraska United Methodist Conference
SAFE SANCTUARIES CLERGY/PASTORAL REFERENCE FORM

Instruction: The applicant listed below has applied to work with children, youth and/or adult person with developmental disabilities in a local church, district, camping or conference ministry. In order to determine the applicant's suitability for this position, we are asking that you take a few moments to complete and return this reference form. Please use enclosed stamped addressed envelope marked *Personal and Confidential*. Your cooperation is greatly appreciated.

Part 1: TO BE COMPLETED BY APPLICANT

Name of Applicant _____ Name of Reference _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Telephone () _____ Telephone () _____

Part 2: TO BE COMPLETED BY REFERENCE

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant's general personality?
5. How would you describe the applicant's ability to relate to children and/or youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicant's leadership abilities?
8. How would you feel about the applicant as a volunteer worker with your child and/or youth?
9. Do you know of any characteristics or circumstances that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
11. Please list any other comments you would like to make:
12. Are there other people that you think we should contact in regard to this applicant?

Name _____ Name _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Telephone () _____ Telephone () _____

Reference completed by: _____
Signature Date

Once completed, please return in enclosed stamped addressed envelope. Thank you for your assistance.
RETURN TO: Nebraska UM Conference Center, Attn: Sheree Brown, 3333 Landmark Circle, Lincoln, NE 68504



**VERIFICATION OF COMPLETION OF TRAINING
FOR CERTIFICATION OF CONFERENCE WORKERS
WITH CHILDREN, YOUTH, AND DEVELOPMENTALLY
DISABLED ADULT DEPENDENT PERSONS**



RETURN: Nebraska United Methodist Conference Center
3333 Landmark Circle
Lincoln, NE 68504

I am completing the Safe Sanctuaries training to use in my work with children, youth and/or developmentally disabled adult dependent persons on the:

- _____ Local Church Level
- _____ Local Church and District Level
- _____ Local Church/District/Conference Level
- _____ Conference Camping Program
- _____ Other: Explain _____

I am _____ Clergy _____ Laity

Name of Applicant _____

Name of UMC Church Membership _____

Date of training _____

Location of training _____

Length of training _____

Signature of Applicant _____

Signature of Trainer _____

E-mail Address _____

Would you like to receive Nebraska Annual Conference e-mail communications?

_____ Yes _____ No