

# New Hope United Methodist Church

Dear Church Members:

As you are aware, the United Methodist conference has mandated all United Methodist Churches to establish and implement a safe sanctuary policy for their congregation. Our purpose for establishing this policy is to demonstrate our commitment to the physical safety and spiritual growth of all of our children, youth, and vulnerable adults.

Our safe sanctuary committee has spent a lot of time reviewing and developing this policy. While we do not necessarily have the same opinion on some of the requirements as the conference, these are things that we understand must be done to ensure the protection of all of our children, youth, and vulnerable adults in our church family.

Our policy has been created to protect not only our children, youth, and vulnerable adults but to also protect you- the congregation members who assist with activities that involve them. It consists of numerous requirements, most of which come directly from the conference. One such requirement is that all volunteers and paid staff members who have supervisory program responsibilities with children, youth, and vulnerable adults must consent to a criminal background check at no expense to the applicant.

We have many wonderful ministries and programs at New Hope and they rely on volunteers. This does not mean that you will not be able to assist with programs if you do not consent to the requirements ... it only means that you will not be able to have a supervisory role over a class or program. Our safe sanctuary policy can be found in your green 2009 yearbook. The application and release form consenting to a criminal background check and the volunteer profile form are available in the vestibule.

If you would like to consent to the requirements, please complete the application and release form and the volunteer profile form and return them both to Emily Livingston. Your information will remain confidential. If you have any questions regarding our safe sanctuary policy or any of the requirements, please let me know. On behalf of all of the members of New Hope UMC, I thank you for all that you do for our church.

Sincerely,

Shane Livingston  
Safe Sanctuary Committee Chairman

3777 New Hope Road • Pomaria, South Carolina 29126  
Parsonage and Office Phone (803) 276-4200  
<http://www.newhope-umc.org>



VOLUNTEER PROFILE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Do you have a valid SC driver's license and current auto insurance?  Yes  No

If you answered Yes, Would you be willing to provide transport to/from church-sponsored activities?  Yes  No

Would you be available for periodic safe sanctuary training?  Yes  No

Are you certified in CPR and/or First Aid?  Yes  No Expires: \_\_\_\_\_

What activities would you be willing to help with?

Vacation Bible School  UMYF  Kids In Christ  Children's Choir

Sunday School  Family Ministries (Valentine's Party, Easter Egg Hunt, etc.)

Children's Church  Other: \_\_\_\_\_

Please list three personal references.

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

3) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Special Interests, Hobbies, Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

*Authorization to Conduct Criminal Records and Background Check  
Information Form*

**Please print neatly.**

Name: \_\_\_\_\_  
                    First                                      Middle                                      Last

Please list all other names you have used (maiden, etc.): \_\_\_\_\_  
\_\_\_\_\_

Please use your primary physical address (No P.O. Boxes).

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you already been screened by a United Methodist Church or an agency affiliated with the United Methodist Church?      Yes      No

If you answered yes:

Who conducted the prior screening? \_\_\_\_\_

Date of prior screening: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

***Authorization to Conduct Criminal Records and Background Check  
Release of Liability***

I, \_\_\_\_\_, understand that any felony criminal conviction, and any criminal conviction and/or adverse information relating to children, youth, or vulnerable adults (hereinafter collectively referred to as “Adverse Information”) will disqualify me from working with children, youth, or vulnerable adults. I understand that a conviction for driving under the influence (“DUI”) or a similar alcohol-related driving conviction within the last five (5) years will disqualify me from transporting children, youth, and vulnerable adults. I understand that the appropriate leaders of the South Carolina Conference of The United Methodist Church (the “South Carolina Conference”) and/or New Hope United Methodist Church will be notified if my record disqualifies me from service in local church and annual conference and/or district activities based on the criteria set forth above.

**Authorization to Obtain and Disclose Background Information**

I hereby authorize the South Carolina Conference to contact any background investigation company to request the disclosure of and obtain from them information about me regarding my record of charges, convictions, or other Adverse Information contained in their files or maintained about me in any criminal file or any other file, regardless of whether the file containing the Adverse Information is a local, state, or national file. I further authorize the South Carolina Conference to disclose any information obtained about me from any background investigation company to the appropriate persons of New Hope United Methodist Church and/or the South Carolina Conference so that they may evaluate the information in determining my fitness to work with children, youth, and vulnerable adults.

**Release of Liability Regarding Collection and Disclosure of Information**

For valuable consideration received including, but not limited to, the evaluation of my fitness to work with children, youth, and vulnerable adults, I hereby release, discharge, and hold harmless any background investigation company, New Hope United Methodist Church, the South Carolina Conference, the employees, agents (collectively referred to herein as the “Releasees”) with respect to any loss, injury, or other damage to me arising out of or in any way related to the collection and disclosure of information about my background whether caused by the negligence of the releasees or otherwise. I have read this release of liability, fully understand its terms, and understand that I have given up substantial rights by signing it. I sign it freely and voluntarily without any inducement.

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Applicant Signature

Date