

STAFF/VOLUNTEER DISCLOSURE FORM
FIRST UNITED METHODIST CHURCH, PORTLAND, OREGON

Name: _____

Date of Birth: _____ Social Security No.: _____

Address: _____

City/State/Zip: _____

Phone: _____

As an expression of concern for all persons relating to First United Methodist Church (FUMC), the church desires to ensure the well-being of all who participate in its programs-especially children, youth, vulnerable adults and developmentally challenged persons. We require disclosures by all FUMC staff and volunteers. Please fill out this form completely and return it to the church staff person or committee chair responsible for the program area in which you are employed. This information will be kept in confidential files.

History (Please answer yes or no. Attach an explanation for each yes answer).

- Have you ever been convicted for the possession, use of sale of drugs? _____
- Have you ever been convicted of a crime against children or other persons? _____
- Have you ever been convicted of a felony crime? _____
- Is there any fact or circumstance involving you or your background that would call into question your being trusted with the supervision, guidance and care of children, youth or adults?

- Within the past year have you abused alcohol, legal or illegal drugs? _____
- Have you ever been reviewed by church and/or secular bodies and been restricted from involvement with children, youth or adults? _____

I understand that as a person in authority within FUMC ministries, it is my responsibility to avoid sexual contact with children, youth and adults during and enroute to or from FUMC sponsored events or group gatherings. This is true, even if the other person attempts to initiate contact. Under no circumstances will I use corporal punishment as a means of discipline. As an employee I will honor and respect the individual rights and privacy of the persons I am working with. I certify that the information I have provided is true and correct. A yes answer to any of the questions above will not automatically exclude employment/volunteer work. The yes answers will require verbal explanation to the responsible staff person or committee chairperson. I understand FUMC reserves the right to exclude my participation in certain activities if it is found that my answers given above are false or if I am accused of abusive or dangerously irresponsible behavior. If that happens, I understand that FUMC can exclude me from contact with the vulnerable individuals until an official review process is completed. The purpose of this review will be to examine and determine whether participation in the FUMC sponsored activity will be permitted and under what conditions.

Signature: _____ Date: _____

Policy Statement

First United Methodist Church

Risk Management and Prevention of Sexual Abuse

First United Methodist Church (FUMC) desires to ensure the well-being of all who participate in its ministries, especially children, youth, vulnerable adults and developmentally challenged persons. Therefore we have developed following policy and procedures to prevent sexual abuse in this church.

Church Staff:

At the time of employment and in January of each year, all employees will participate in an annual sexual abuse prevention awareness program. This will include signing the Staff/Volunteer Disclosure Form, and a structured educational program on abuse prevention, such as viewing a video or other material. The Church Administrator will be in charge of this annual program.

The Disclosure Form will be confidentially filed in the Church Administrator's office, and accessed only by the staff person or committee chairperson responsible.

The responsible person will be defined as the supervising individual or committee chairperson.

FUMC has the right to request a formal police background check.

In the event that an official review process is required, the Staff Parish Relations Committee (SPRC) shall handle it.

Church Volunteers:

At the beginning of each program year (September), or prior to starting volunteer participation, volunteers will participate in sexual abuse prevention awareness program. This will include signing the Staff/Volunteer Disclosure Form, and attending a structured educational program on abuse prevention.

The educational program will be offered yearly in the Education Department, and relevant to all volunteers. Additional educational opportunities will be provided by the supervising staff person or committee to ensure that all volunteers have received the information.

The Staff/Volunteer Disclosure Form will be returned to the church staff person responsible for the relevant program area, for review. The form will remain confidential, and filed by that staff person, to be viewed only by that staff person.

FUMC has the right to request a formal police background check.

In the event that an official review process is required, it shall be handled by the staff person responsible for the relevant program area, and one of the FUMC pastors, in discussion with the volunteer.