



**ST. PAUL UNITED METHODIST CHURCH**  
**SAFE SANCTUARY POLICY**  
**VOLUNTEER APPLICATION (F.01)**

6634 St. Barnabas Road  
Oxon Hill, Maryland 20745  
301-567-4433  
Fax: 301-567-0045  
admin@stpumcmd.org  
[www.stpumcmd.org](http://www.stpumcmd.org)

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address \_\_\_\_\_
4. Occupation: \_\_\_\_\_
5. Employer: \_\_\_\_\_
6. Current job responsibilities and schedule: \_\_\_\_\_  
\_\_\_\_\_
7. Previous work experience: \_\_\_\_\_  
\_\_\_\_\_
8. What qualities do you have that would help you work with children and/or youth?  
\_\_\_\_\_  
\_\_\_\_\_
9. Special interests, hobbies, and skills: \_\_\_\_\_
10. How many hours per week are you available to volunteer? \_\_\_\_\_

11. Indicate the children/youth/senior program(s) for which you are volunteering.

**St. Paul UMC**

- Bible Study
- Sunday School/Church School
- Vacation Bible School
- Choir
- Pre-School/Kindergarten
- Children/Youth Ministry
- ROCK/Retreats
- Nursery
- Other \_\_\_\_\_

12. Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (included but not limited to drug-related charges, child abuse, or other crimes of violence, theft, or motor vehicle violations)?  Yes  No

▶ If “yes”, please explain fully below.

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

13. Have you ever been involved in an incident of child abuse or neglect?  Yes  No

14. Do you have training in First Aid?  Yes  No

15. If yes, what was the date that you completed the training? \_\_\_\_\_

16. Do you have CPR training?  Yes  No

If yes, what was the date that you completed the training? \_\_\_\_\_

17. Do you have infant CPR training?  Yes  No

If yes, what was the date that you completed the training? \_\_\_\_\_

18. Do you have defibrillator training?  Yes  No

If yes, what was the date that you completed the training? \_\_\_\_\_

If no, are you willing to complete training? \_\_\_\_\_

**References:** Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

1. Name \_\_\_\_\_ Relationship to reference \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Length of time you have known reference \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to reference \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Length of time you have known reference \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to reference \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Length of time you have known reference \_\_\_\_\_

### **PARTICIPATION COVENANT STATEMENT**

The congregation of St. Paul UMC is committed to providing a safe and secure environment for all children, youth, physically and mentally challenged and our vulnerable seniors and volunteers who participate in ministries and activities sponsored by the church. The following policy statement reflect our congregation’s commitment to preserving this church as a holy place of safety and protection for all who enter and as a place in which all people can experience the love of God through relationships with others.

1. No adult who has been convicted of abuse (sexual, physical or emotional) should volunteer to work with children, youth, physically and mentally challenged and our vulnerable seniors in any church sponsored activity.
2. All adult volunteers who participate in church sponsored activities with children, youth, physically and/or mentally challenged, and vulnerable seniors of our church must have been a member or attendee of the church for at least six months before beginning a volunteer assignment.
3. Adult volunteers with children, youth, physically and mentally challenged and our vulnerable seniors shall observe the “Two Adult Rule” at all times so that no one adult is ever alone with children, youth, physically and mentally challenged and our vulnerable seniors.
4. Adult volunteers with children, youth, physically and mentally challenged and our vulnerable seniors shall observe the “Five Years Older Rule”. Adult volunteers shall be at least five years older than the youth they lead.
5. No volunteer/worker under the age 18 shall serve in an adult capacity. Younger youth willing to assist an adult shall serve as an extra set of hands, but may not replace the second adult and they must be at least 5 years older than the children.

6. Adult volunteers with children, youth, physically and mentally challenged and our vulnerable seniors shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding abuse.
7. Adult volunteers shall be provided training on the Safe Sanctuary Policy.
8. Ministry participants shall immediately report any behavior that seems abusive to the Senior Pastor or SPRC Chair.

I have read this Participation Covenant, and I agree to observe and abide by the policies set forth above and to commit an appropriate amount of time to this volunteer role.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent/guardian if applicant is under 18 years of age.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date