



ST. PAUL UNITED METHODIST CHURCH SAFE SANCTUARY POLICY

Follow-up Request for Information (F.04)

6634 St. Barnabas Road
Oxon Hill, Maryland 20745
301-567-4433
Fax: 301-567-0045
admin@stpumcmd.org
www.stpauloxonhill.org

Date

Dear _____,

On behalf of St. Paul United Methodist Church, the Staff Parish Relations Committee (SPRC) would like to thank you for volunteering to assist with a program that affects the children, youth, physically and mentally challenged or vulnerable seniors in the church. Thank you for taking the time to complete and submit the forms for the Safe Sanctuary Program. This program is very important to ensure that our church is truly a Safe Sanctuary for all who worship. This policy is also intended to protect volunteers from compromising situations.

As indicated below, additional information is needed to complete the review and processing of your Safe Sanctuary forms. Please provide the information requested as soon as possible.

- We do not have a **Volunteer Application** for you on file. Please complete the enclosed Application. Include the names of three references on page two of the *Application*. Return the completed *Application* to the SPRC in the enclosed, self-addressed envelope.
- Please complete the items checked in **Red** on the enclosed **Volunteer Application** and return it to the SPRC in the enclosed, self-addressed envelope.
- We sent **Reference Check** forms on _____ to the three individuals listed on your *Volunteer Application or Questionnaire*. We have not received a response from the following:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Please check with the individual(s) to determine whether they received the **Reference Check** form and plan to complete and return it. If the individual(s) has misplaced the form, we will be pleased to send another one. If any of the individuals listed above are no longer valid references, indicate below the name(s) and address (es) of any alternative reference(s). Please return this form to the SPRC in the enclosed, self-addressed envelope.

Name: _____ Address: _____

Phone: _____ City: _____ State/Zip: _____

Email Address: _____

Name: _____ Address: _____
Phone: _____ City: _____ State/Zip: _____
Email Address: _____

Name: _____ Address: _____
Phone: _____ City: _____ State/Zip: _____
Email Address: _____

Other information needed: _____

Thank you again for volunteering to assist with the church's program and for providing the above information. It is very much appreciated.

Sincerely,

Staff Parish Relations Committee

Enclosures: As Indicated