



# IOWA UNITED METHODIST CHURCH DISASTER RESPONSE

## Safe Sanctuary

The people of the Iowa Conference of the United Methodist Church, in accordance with our Christian principles, believe that it is in the best interest of the church and the children, youth and adults to adopt policies, procedures, and screening tools to assist us in protecting the physical, mental, and emotional well-being of all persons who participate in Disaster Recovery.

### SUMMARY OF POLICIES

1. Adults who have been convicted of child, sexual, or physical abuse or neglect will not be able to sleep in a church building.
2. Volunteers must observe the "two-leader rule". This requires that a leader never be alone with a child or youth without another leader. If youth are helping, an adult who is 18 years or older must be present.
3. Volunteers should immediately report to your host any behavior toward a child, youth, or adult that seems to be abusive or otherwise inappropriate.
4. For further explanation, see "Child, Youth, And Adult Protection Policy" of your sleeping facility.

**PLEASE ANSWER THE FOLLOWING QUESTIONS.** Your responses will be kept confidential.

1. As a flood recovery volunteer, I agree to observe Safe Sanctuary regarding working with children, youth, or adults, as summarized above \_\_\_\_ initials \_\_\_\_ date
2. Have you ever been investigated or convicted for any offense involving harm or abuse of a child, youth, or adult? \_\_\_\_ Yes \_\_\_\_ No If "Yes", please explain on reverse side:
3. Have you been investigated, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, or theft) in the last 10 years? \_\_\_\_ Yes \_\_\_\_ No If "Yes", please explain on reverse side:

### APPLICANT STATEMENT

I have read the above summary of the "Child, Youth, and And Adult Protection Policy" and agree to observe the safeguards listed and to go through a background check. I state that the responses set forth in this application are true under penalty of perjury under the laws of the State of Iowa.

Signature \_\_\_\_\_ Printed name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Office Use

\_\_\_\_ Copy of Drivers License \_\_\_\_\_ Screened on \_\_\_\_\_ initials