

New Hope United Methodist Church Safe Sanctuaries Policy

1950 Dickinson Rd
De Pere, WI 54311
(September, 2016)

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Mission Statement	The Mission of New Hope UMC is to make disciples of Jesus Christ for the transformation of the world.
Vision statement	To support disciple-making through inviting, hospitality and fellowship, worship, study, and service/missions while maintaining a healthy church through spiritual accountability, leadership development, and financial health.

The purpose of New Hope UMC Sunday School Program is to educate and provide creative, community-building opportunities for all ages to understand Christ from a Biblical perspective. We embrace a multi-generational approach that encourages children, youth, and adults to grow, form, and become closer to Christ together.

Introduction

Because we believe that Jesus taught us to care for His children and youth, we commit our church to the practice of safe supervision. This policy will set standards for us for the supervision of the children and youth in our care.

Purpose

Our congregation’s purpose for establishing this Safe Sanctuary Policy is to demonstrate our absolute and unwavering commitment to the physical safety and spiritual growth of all our children.

DEFINITIONS

Adult: any person 18 years of age or older. However, if the person is 18 and is participating in a youth church activity, then the person is not an adult for the purposes of this policy.

Youth: any person in grades 6 - 12. Generally, this includes those who are age 12-18.

Child/ren: any person in grade 5 and below. Generally, this includes those from birth through 11 years old.

Paid Staff: any adult employed by the church who is compensated for their work.

Volunteer Staff: any adult who has completed the volunteer application process, has been approved for service, and is not compensated for their service.

Church-sponsored event, ministry, or program: any activity approved by and promoted as an activity organized by paid and/or volunteer staff of the church.

Designee: any adult approved by the pastor to act in his/her place when s/he is not available or has a conflict of interest.

1. Adoption and Review

1. Safe Sanctuary Policy will be approved by the Leadership Board.
2. The Safe Sanctuary Policy will be reviewed every 3 years by the persons filling the following positions:
 - A. Pastor
 - B. Leadership Board Member for Children's and Family Ministry
 - C. Leadership Board Member for SPRC

2. Staff and Volunteer Recruitment and Training

1. Recruitment

1. Staff and volunteers who will be working with children and youth as part of their service are required to undergo a criminal background check before beginning to work with children and youth. (**Appendix 7**). Individuals who have been convicted of physical or sexual abuse or neglect may not work in any church-sponsored activity or program for children, youth, or vulnerable adults.
 - i. Background checks will be paid for by New Hope UMC.
 - ii. Volunteer staff must demonstrate an active relationship (membership or similar) with this church for at least 6 months prior to applying to supervise children/youth.
 - iii. Staff and volunteers will be 21 years old or at least 5 years older than the oldest child/youth they will be supervising
 - iv. The Pastor and designees will review the results of each background check and determine the eligibility of persons to work with children and youth. (Designees may include Leadership Board member for Children's and Family Ministry, Leadership Board member for Staff Parish Relations Committee, or other as assigned by the Leadership Board.)
 - v. A new background check should be conducted every three years.
 - vi. All background checks will be kept confidential.
 - vii. All forms and reference reports shall be kept as a part of a confidential personnel file in a locked file on church premises.
 - viii. All volunteer and paid staff who have a break in service of one or more years shall resubmit to screening procedures.

2. Training

1. Staff and volunteers will attend training regarding the Safe Sanctuaries procedures before beginning to work with children and youth, and will renew this training every 3 years.
 - i. The training will be developed by the Pastor and/or the Leadership Board Member for Children's and Family Ministry in consultation with the Pastor. Copies of this policy are to be provided to all attendees at each training session.
 - ii. Opportunities for training will be provided on a regular basis so all new screened volunteers will be trained and continuing screened volunteers will be able to update their training every three years.
 - A videotape of the training may be used to train hired and volunteer workers who cannot participate in the orientation.

3. General Policies and Practices

1. The Two Adult Rule

- A. When possible, two adults shall be present with each group of children for any church sponsored program, event, or ministry. If a second adult is not available during times of major use at the church (worship, Sunday school, meeting nights, praise team), the classroom window should remain unobstructed.
- B. In the nursery, while parents attend other functions at the church, every effort will be made to have at least one screened staff or volunteer supervise the children. Should a staff or screened volunteer be unavailable, the nursery will be open to families who must have one parent stay to supervise their child. The Nursery will always be held in a room with unobstructed door windows.
- C. Youth groups meeting at the church should have two adults present. In the event two adults are not available, parents should be notified that only one adult is present.

2. No One-on-One Contact

- A. One-on-one contact between adults and children or youth for a church-sponsored event is not permitted without written parent permission. In situations that require personal conferences, the meeting is to be conducted in view of other adults, children or youth (“open door” policy).

3. Visibility

- A. There should be windows on all classroom doors where children or youth are actively in class. Door windows should remain unobstructed. If the door does not have a window, the door should remain open while the room is in use. In the event of counseling or one-on-one sessions with youth or children, an “open door” policy should be maintained. Another staff or volunteer should remain in the vicinity even if they are not within actual listening distance.

4. Off-site Events

- A. For off-site events or those that require transportation, parents must give written permission for their child’s participation (see **Appendix 2**). These forms should be maintained by the staff or volunteer person responsible for children and family ministries. The leader of the event should carry copies of permission slips and forms off-site with them.
 - i. Youth are not allowed to be drivers for any part of an event or program, even if they are driving their own vehicles, unless they have written permission from a parent/guardian. In such a case, they may not transport other youth outside of their own family.
- B. Staff and/or volunteers are to make sure everyone is present. The entire group will not leave an area until everyone is accounted for.
- C. All legally mandated safety procedures for car travel with children and youth are to be followed.
- D. Parents must provide car seats or booster seats for children requiring them and volunteers and staff must use them.
- E. Drivers will provide the church office a copy of their driver’s license, general contact information, and proof of insurance prior to leaving the church premises.

5. Reporting accidents/incidents

- A. When an accident involving a child or youth occurs resulting in an injury or which has the potential for serious injury, the lead person should complete the Accident Report Form (See **Appendix 5**). An Accident Review meeting should be convened by the Pastor or designees as soon after the accident as possible. The review should focus on developing steps that would prevent a similar accident from reoccurring. The Accident Report Form and the minutes from the

Accident Review meeting should be filed in the church office. Blank copies of the Accident Report forms will be kept in the office.

- B. Other serious incidents (such as fighting, stealing, drug use) should be documented on the Incident Report Form (**Appendix 6**). Incidents of abuse shall be documented according to directions in Section 7 of this policy. An Incident Review should be convened by one of the ministers or designees as soon after the incident as possible. The review should focus on developing steps that would prevent a similar incident from reoccurring. The Incident Report Form and the minutes from the Incident Review meeting should be maintained in a confidential file in the church office. Incident reports shall be destroyed after a period of 5 years after an incident takes place. Blank copies of the Incident Report forms shall be kept in the same manner as Accident Report forms.

6. **Overnight Guidelines**

- A. The total number of adults on each trip will be adjusted according to the number of children/youth participating in the planned activities. Ideally a 1:6 ratio of adults to children should be sought.
- B. If the children and youth present are both males and females, there will be at least one male and one female staff or volunteer on the trip. At single-gender overnight events, at least two adults present will be of the same gender as the participating children/youth.
- C. Completed permission slips will be on file prior to departing on the trip. (**see Appendix 2**)
- D. If prescription medication is needed while on the trip, the medication must be in the original packaging from the pharmacy and given to the staff/volunteer in charge of the trip. The staff/volunteer must be informed in writing by a parent or custodian of the medical condition and how/when the medication should be administered prior to departure
- E. Adults may not sleep in the same rooms as youth. Exceptions are:
 - i. a parent and his/her own child/ren when no other youth are housed in the same room.
 - ii. a bunkhouse or similar style facility in which there are more than four people to a room.
- F. Adults shall not share a bed with a person of either gender under age 18. Exceptions are:
 - i. parents and his/her own child/ren.
- G. Where group (not individual) showers are provided, adults will not bathe at the same time as youth. Mixed gender bathing is not allowed.

4. Sunday School

1. **Registration / Check-in**

- A. Enrollment in Sunday school shall be done by a parent or custodian of the child. (**see Appendix 1**)
- B. Children/youth may not leave prior to the ending of the event without prior notice from a parent/guardian.
- C. Children/youth will only be released to persons other than parents/guardians if permission has been given by the parents/guardians through written means.

2. **Classrooms**

- A. All activities involving children and youth will be supervised by at least one adult staff or volunteer. Ideally, a roving volunteer will also be available for assistance and supervision.
- B. Children not assigned in to a classroom or signed in to an event are the responsibility of their parents/guardians and must be attended to by their parents.
- C. Parents are encouraged to visit and observe Sunday School or an event at any time.
- D. Classrooms and church spaces occupied by children will be as visible as possible to other staff

and volunteers.

- E. Children will use the bathroom nearest to their classroom or activity space. If a child needs bathroom assistance, two adults must be present. If another adult is not available, the main bathroom door must be propped open.

5. Nursery

1. Registration / Check-in

- A. Each child brought into the nursery will have a registration form on file. (see **Appendix 1**)
- B. Parent/guardian of the children in the nursery will remain in the building at all times.
- C. Only the parent or authorized individuals may remove the child from the nursery.
- D. Bottles brought for children must be clearly labeled with the child's name, be pre-made by the parent/guardian and must not need refrigeration or reheating.
- E. Parents will be responsible for providing supplies for changing the diapers of their child.

2. Volunteers / Staff / Care Setting

- A. In the nursery, while parents attend other functions at the church, every effort will be made to have at least one screened staff / volunteer supervise/babysit the children. Should a staff or screened volunteer be unavailable, the nursery will be open to families who must have one parent stay supervise their child. The Nursery will always be held in a room with unobstructed windows.
- B. Children will use the bathroom nearest to the nursery. If a child needs bathroom assistance, two adults must be present. If another adult is not available, the main bathroom door must be propped open.

6. Reporting Allegations Of Abuse / Neglect

- 1. Incidents of abuse or reasonably suspected incidents of abuse of children or youth will be reported as soon as possible to the Pastor, Leadership Board Member for Children's and Family Ministry or Leadership Board Member for the Staff Parish Relations Committee.
- 2. Every allegation will be taken seriously. Adequate care and respect must be offered to the alleged victim of abuse until the allegation can be substantiated or not.
- 3. The safety and security of the alleged victim must be safeguarded until police or a social service agency takes control of the alleged incident of abuse.
- 4. The parents/guardians of the alleged victim will be notified immediately.
- 5. Any person, staff person or volunteer accused of abusive behavior must be treated with dignity and support. That person will be immediately removed from further responsibilities until the allegations are cleared or substantiated. In any removal of a person from activities, care shall be taken to handle this in a discreet manner, recognizing that an investigation is still being conducted.
- 6. The confidentiality of all persons involved in the alleged abuse, except as needed to notify the police and the reporting of it, will be safeguarded.
- 7. The person reporting the incident will document, in writing, facts, allegations and circumstances including the steps taking in handling the suspected abuse incident.

8. The pastor and/or staff member who receives a report of alleged abuse will document all actions taken regarding the incident of suspected abuse, such as notification of the police or social service agency.
9. As soon as practicable the Pastor will notify the District Superintendent and consult with the Insurance Company for advice. NHUMC has an insurance policy from Church Mutual Insurance Company. For more information about this policy and its coverage, please contact the pastor.
10. All records relating to the matter will be maintained in confidential files under the control of the pastor except as needed by the police or social service agency.
11. **The pastor of the local church, or his/her designee, is the only person/s authorized to make statements to representatives of the media.** All requests for statements should be directed to the pastor. (Suggested language: *“We here at New Hope United Methodist Church are saddened by the allegations that have been brought. We have attempted to create an environment here that is welcoming and safe, whereby all persons might experience the Good News in Jesus Christ. We are cooperating fully with local officials who are investigating this incident. Our Bishop’s office has also been notified, and an investigation will also be conducted through that office. If you desire more information, we will help you get in touch with our Bishop. This is all we can comment on at this time.”*)

7. Disaster Plan

1. In case of fire, staff and/or volunteers should take their class and quickly leave the building through the nearest exit. Once outside the building, call 911 using a cell phone or the phone of a neighboring home.
2. Once outside, go to parking lot east of the building. Staff and volunteers should stay with their class. Teachers/leaders need to have a count of all children in their care at all times and must recount them when they are situated outside.
3. If the local disaster siren sounds, all building occupants should go to the interior rooms that have no windows (Celebration Center, Room 105, Nursery or Prayer Room) or bathrooms in a quick and orderly fashion. Once inside the designated area, the individuals will kneel along the walls and stay there until notified that it is safe to return to the other areas of the building.

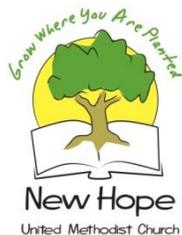
8. Emergencies

1. First and foremost, call 911. (From church phones, you do not need to dial a number to get an outside line). Telephones are located in the office.
2. First Aid kits are found in the following locations:
 - A. Cabinet in Room 104 closest to the double doors.
 - B. In the church office, near the mailboxes
 - C. In the Nursery, next to the sink.

Approved By

Date

APPENDIX 1



Sunday School / Nursery Registration Form (One Per Child)

Child's name: _____

Child's age: _____ Date of birth: _____ Last School grade completed: _____

Name of parent (s): _____

Street address: _____

Home telephone: _____

Parent / caregiver's cell phone: _____

Home email address: _____

Home church: _____

Photography Release

I hereby authorize New Hope United Methodist Church to use and disclose my information or the information of my child in the form of:

- Photos, videotapes, digital or other images of me

For the following purpose(s):

- Publications for New Hope UMC Marketing or Fundraising Purpose(s)
- Church directory, Sunday Worship Celebration, newspaper, web site, Facebook, or other publication.

Please be aware that New Hope UMC does NOT receive any direct or indirect remuneration from a third party as a result of obtaining this Authorization.

Signature (of Parent or Guardian if under 18) _____ Date: _____

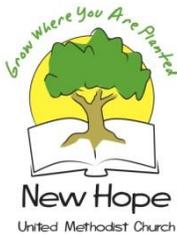
Allergies or other medical conditions:



In case of emergency, contact:

Phone:

Relationship to child:



APPENDIX 2
New Hope United Methodist Church
1950 Dickinson Road
De Pere, Wisconsin 54311

YOUTH PERMISSION FORM

I hereby give permission for my daughter/son to participate in the following church activity:

Youth's Name _____

Church Activity _____

Date of Activity: _____ Cost: _____
(if financial assistance is needed, please contact the Pastor)

- I authorize my child to be transported, as needed, via: private vehicle, rented or loaned vehicles, or via other transportation approved by the church staff. I understand that should my child have special needs in regard to transportation or walking, as it may apply to this trip, it is my responsibility to inform a member of the New Hope Youth Group Leadership in advance.
- I hereby acknowledge that the Medical Release Form on file with the church signed by the legal parent / guardian is up-to-date and in full force and effect.
- I understand that the adult youth ministry leaders are responsible adults and I trust their abilities to be in charge of this group.
- I understand that New Hope United Methodist Church strives to maintain a safe environment for my child at all times. I understand that it is my responsibility to communicate any safety concerns to the Pastor immediately.

RELEASE OF LIABILITY:

I, _____ (***parent or guardian's name***), shall indemnify, hold free and harmless, assume liability for, and defend New Hope United Methodist Church, its agents, servants, employees, officers and directors from any and all costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which New Hope United Methodist Church, assertion of liability or any claim or action founded thereon, arising or alleged to have arisen out of _____ (***youth's name***) use of real or personal property belonging to New Hope United Methodist Church, its agents, servants, employees, officers and directors, or by action of omission by _____ (***youth's name***).

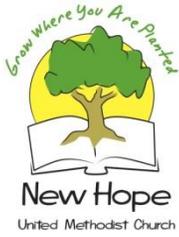
Signature (of Parent or Guardian if under 18) _____ Date: _____

Phone number where you may be reached. If cell, please list who it belongs to: _____

YOUTH AGREEMENT

- I will participate to the best of my ability
- I will show respect for other people and property
- I will abide by the rules and the directions from adult leaders
- I will do my best to have fun!

Youth Signature _____ Date: _____



APPENDIX 3
New Hope United Methodist Church
1950 Dickinson Road
De Pere, Wisconsin 54311
Pastor Rebecca Rutter

YOUTH GROUP EMERGENCY CONTACT, MEDICAL RELEASE, & LIABILITY FORM

THIS FORM WILL BE KEPT ON FILE WITH THE NEW HOPE YOUTH LEADERS AND BE TAKEN WITH ON ALL TRIPS. A COPY OF THIS FORM WILL ALSO BE MADE AND PLACED ON FILE IN THE CHURCH OFFICE. IF THERE IS A NEED TO UPDATE THIS FORM AT ANY TIME DURING THE YEAR PLEASE CONTACT THE YOUTH LEADERS FOR A NEW FORM.

A COPY OF THIS FORM SHALL BE VALID AS THE ORIGINAL. THIS FORM DOES NOT REPLACE THE PERMISSION FORM THAT WILL NEED TO BE SIGNED FOR EACH TRIP.

Student Name: _____

Grade: _____ **School:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail Address: _____

Parent/Guardian Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Mobile Phone:** _____

Work Phone: _____ **E-mail Address:** _____

Emergency Contacts (Please list at least 2)

Name: _____ **Relation:** _____

Home Phone: _____ **Mobile Phone:** _____

Name: _____ **Relation:** _____

Home Phone: _____ **Mobile Phone:** _____

Name: _____ **Relation:** _____

Home Phone: _____ **Mobile Phone:** _____

Physical or Medical Condition: I am responsible for consulting with a physician concerning my medical needs during any trip I attend as a part of the New Hope United Methodist Church - Young Hope Youth Group. Provided below is a description of my current physical or medical condition that will require attention or accommodation during any or all trips this year.

Description of physical or medical condition:

Required Medication (Name of medication, dosage, time of day):

1. **Authorization of Medical Treatment:** If emergency medical attention is necessary during any trip, the trip Leader or any volunteer authorized by New Hope United Methodist Church to participate in the trip may authorize a licensed physician to provide me with medical treatment.

Name of Insurance Company:

Policy Holder: _____ ID or Group #: _____

2. **Health and Accident Insurance:** I represent and warrant that I will be covered throughout all trips by a policy of comprehensive health and accident insurance that provides coverage for injuries and illnesses I sustain or experience while on the any trips.
3. **Liability:** I hereby release and save harmless New Hope United Methodist Church and any and all of its employees and volunteers from any and all liability from any harm arising to my child as an accidental result of any outing or trip.

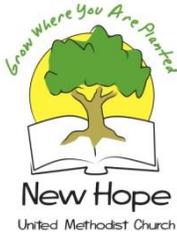
By signing below, I acknowledge that I have read this form in its entirety and completed it accurately. I understand its terms, that I will abide by each of the terms and conditions of this agreement, and that I have signed this agreement knowingly and voluntarily.

Signature of Youth Participant: _____ Date: _____

To Parent or Legal Guardian of the above signed: If the above signed is less than 18 years of age, your signature is required below.

As the parent or legal guardian of the student whose signature appears above, by signing below I acknowledge that I have read this Agreement, that I understand its terms and conditions, and agree to be bound by the terms of the Agreement as if I had signed above. I hereby release and save harmless New Hope United Methodist Church and any and all of its employees and volunteers from any and all liability for any and all harm arising to my child as an accidental result of any outing or trip.

Signature of Parent/Legal Guardian: _____ Date: _____



APPENDIX 4
New Hope United Methodist Church
1950 Dickinson Road
De Pere, Wisconsin 54311
Pastor Rebecca Rutter

New Hope United Methodist Church Volunteer and Staff Code of Conduct

Paid and volunteer staff in our church must uphold Christian values and conduct. The public and private conduct of staff can inspire and motivate people. Responsibility for adherence to this code of conduct rests with the individual.

As a volunteer, I agree to:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Keep focused only on my particular area of expertise.
- Be supervised by and bring any problems, questions, or concerns to the supervisor or pastor.
- Not engage in physical, psychological, written or verbal harassment or discrimination towards any involved in church activities nor tolerate such behavior by others.
- Respect and maintain confidentiality which pertains to anyone involved with the church.
- Be diligent and responsible towards my spiritual health.
- Be competent and proactive in seeking out education and training pertaining to my role and responsibilities.
- Exercise responsible stewardship of resources.
- Complete Safe Sanctuary training and follow the Safe Sanctuary Policy as I have been trained to do.
- Submit the required information for a criminal background check when asked.

When working with children or other vulnerable people, I shall:

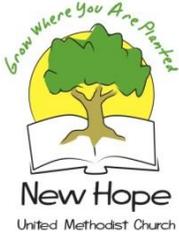
- Make every attempt to avoid situations where I am alone in the building with children, youth and/or vulnerable people at church sponsored activities.
- Support the rights and roles of parents/guardians.
- Use positive reinforcement rather than criticism, competition, comparison.
- Never use physical discipline or touch anyone inappropriately.
- Report to the appropriate church authorities any suspected abuse of children, youth or other vulnerable populations and cooperate fully in any investigation.
- Not pose any health risk to the vulnerable populations (i.e. fevers or other contagious situations.)
- Not use profanity, tell inappropriate jokes, or share intimate details of my own life in the presence of children, youth or vulnerable populations.
- On overnight trips, I will ensure that children and/or youth will never be left alone in an unsafe or unfamiliar environment.

I understand that while volunteering, I am representing the New Hope UMC and agree to act in accordance with its teachings.

Signature

Date

A copy of this signed Code of Conduct will be placed in the volunteer file for each volunteer.



APPENDIX 5
New Hope United Methodist Church
1950 Dickinson Road
De Pere, Wisconsin 54311
Pastor Rebecca Rutter

**New Hope United Methodist Church
Accident Report Form**

Please print all information!

Date of accident _____ Time of accident _____

Name of child/youth injured _____

Address of child/youth _____

Location of accident _____

Parent or guardian _____

Name of person(s) who witnessed the accident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Description of accident:

Action taken:

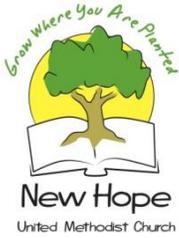
Parents notified _____ (include date and time)

Report filed with Senior Pastor _____

Name of person filling out this report _____

Signature

Date



APPENDIX 6

New Hope United Methodist Church

*1950 Dickinson Road
De Pere, Wisconsin 54311
Pastor Rebecca Rutter*

**New Hope United Methodist Church
Incident Report Form**

Please print all information!

Date of incident _____ Time of incident _____

Name(s) of child/youth involved _____

Address of child/youth _____

Location of incident _____

Parent or guardian _____

Name of person(s) who witnessed the incident:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Description of incident:

Action taken

Parents notified _____ (include date and time)

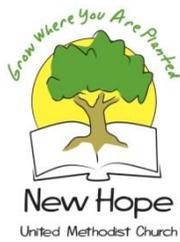
Report filed with Senior Minister _____

Name of person filling out this report: _____

Signature

Date

This form should be destroyed 5 years from the date of the incident.



APPENDIX 7

New Hope United Methodist Church

*1950 Dickinson Road
De Pere, Wisconsin 54311
Pastor Rebecca Rutter*

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ ATTACHED DOCUMENTATION CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE OF BACKGROUND INVESTIGATION

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, discipline, or other employment purposes, _____ (“the Company”) may request, obtain, and rely upon one or more consumer reports or investigative consumer reports about you from a consumer reporting agency.

For explanation purposes:

□ a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, credit history information, criminal history information, driving records, verifications of your employment and/or education history; and other types of background information.

□ an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested. The most common form of investigative consumer report is an inquiry into your employment and/or education history.

Under the Fair Credit Reporting Act, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, it must have your written authorization. If the Company later considers adverse action based, in whole or in part, on information in a report on you, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and an additional summary of your rights under the FCRA.

Consumer and/or investigative consumer report(s) about you will be obtained from the following consumer reporting agency:

Trusted Employees, 701 5th Street South, Minneapolis, MN 55343, (888) 389-4023. Trusted Employees’ information and privacy policy can be found at www.trustedemployees.com.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: a person has taken adverse action against you because of information in your credit report; you are the victim of identity theft and place a fraud alert in your file; your file contains inaccurate information as a result of fraud; you are on public assistance; you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need --usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list,	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
<p>2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

ADDITIONAL STATE LAW NOTICES

Notice to individuals who reside in Massachusetts, work in Massachusetts, or are applying to work in Massachusetts: You have the right to know whether the Company requested an investigative report about you and, upon written request to the Company, to receive a copy of any such report. You also have the right to ask the consumer reporting agency (i.e., Trusted Employees) for a copy of any such report.

Notice to individuals who reside in New Jersey, work in New Jersey, or are applying to work in New Jersey: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency (i.e., Trusted Employees)

Notice to individuals who reside in New York, work in New York, or are applying to work in New York: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency (i.e., Trusted Employees) directly. You are also receiving a copy of Article 23-A of the New York Correction Law.

Notice to individuals who reside in Oregon, work in Oregon, or are applying to work in Oregon: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request.

Notice to individuals who reside in Washington State, work in Washington State, or are applying to work in Washington State: Under the Washington Fair Credit Reporting Act, you have the right to ask Trusted Employees for a written summary of your rights. If you submit a request to the Company in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report the Company ordered, if any.

Notice to individuals who reside in Minnesota, work in Minnesota, or are applying to work in Minnesota: You have the right, upon written request to Trusted Employees, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Trusted Employees must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later.

AUTHORIZATION OF BACKGROUND INVESTIGATION

I have received, read, and understand:

- The Disclosure of Background Investigation;
- The federal governmental notice entitled, "A Summary of Your Rights Under the Fair Credit Reporting Act";
- The document entitled "Additional State Law Notices" (and if a California applicant/employee, the Notice Regarding Background Investigation Pursuant to California Law).

My signature below indicates my authorization for **_New Hope United Methodist Church_** ("the Company") to obtain consumer and/or investigative consumer reports about me from a consumer reporting agency in considering me for hiring, promotion, assignment, reassignment, retention, discipline, or other employment or volunteer purposes.

By signing below, I also acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I agree that, if employed by the Company, this authorization will remain in effect throughout the term of my employment, or to the extent allowed by law.

California, Minnesota, and Oklahoma Applicants/Employees Only: Please check this box if you would like a free copy of the consumer or investigative consumer report prepared on you? Yes No

Would you like your copy sent via e-mail for faster delivery? Yes No

E-mail

Address: _____

Date: _____ Signature: _____

PERSONAL DATA NEEDED FOR BACKGROUND CHECK—PLEASE COMPLETE

First Name	Middle Name	Last Name		
Street Address	City	State	Zip Code	Phone
Date of Birth	Social Security Number	Driver's License Number	State of License	

List any other cities and states in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years and/or for higher education).