Safe Sanctuaries Compliance Form

This form shall be completed annually and turned into your District Superintendent at your regularly scheduled Church Audit. A copy should also be maintained in your records.

Church _____ District _____

Pastor In Charge _____ Date of this report _____

Date original Safe Sanctuary Policy adopted and by whom (ie, Charge Conference, Board etc):

_____

Most recent date Safe Sanctuary Policy was reviewed/revised & by whom (ie, Charge Conference, Board etc)

_____

Was a copy of your Safe Sanctuary policy provided to those in attendance at your Charge Conference this year? ◯ Yes ◯ No

Please list the date(s) your staff/members were trained on your Safe Sanctuary Policy this year and the names of all those who attended the training(s) (Mark with an * the leader(s) of these trainings. Attach additional pages if necessary and check here ☐)

Please list all staff/volunteers upon whom a background/reference check was done this year; (Include names and dates only, no results. Attach additional pages if necessary & check here ☐)

Please list all staff/volunteers upon whom a background/reference check has <u>not</u> been done in the last 2 years; (Attach additional pages if necessary & check here ☐)

Are plans in place to run background/reference checks on the above mentioned persons? ◯ Yes ◯ No
If so, by when? _____ If not, why?

Were there any incidents/complaints of abuse/suspected abuse in your church in the last year? ◯ Yes ◯ No

If so, have they been reported to your District Superintendent? ◯ Yes ◯ No ◯ N/A

Was the Conference Response Team mobilized? ◯ Yes ◯ No ◯ N/A

_____ _____ _____
Signed Title Date