

REGISTRATION PACKET to Become a Conference **CERTIFIED WORKER**

SAFE & SACRED SPACE **An Abuse Prevention Program**

**A Ministry of the
Kansas East Conference of The United Methodist Church**



For more information:

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Safe & Sacred Space
Kansas East Conference
P. O. Box 4187
Topeka, KS 66604-0187
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Shughes@kansaseast.org

March 2010

Dear Friend:

Thank you for your interest in serving children, youth and/or the developmentally disabled within your local church and/or the Kansas East Annual Conference. God calls us to make our churches and conference safe and sacred places, protecting children and vulnerable populations from sexual abuse; we take this responsibility very seriously. Thus, we emphasize that service in this capacity is a privilege, not a right, and there are some pre-requisites for all those who serve.

This packet is for you to review before you apply to become a Certified Worker through the Kansas East Conference of The United Methodist Church. Please read everything carefully, answering all questions truthfully. Your responses to the questions are important in determining if working with this population is where God is calling you to serve. You are encouraged to talk with your pastor if you have any concerns with a “yes” response to any of the questions.

An affirmative response to any of the questions does not automatically disqualify you from serving. However, there are some reasons for automatic denial. For example, if a Kansas Social and Rehabilitation Services check shows that a person has been “confirmed or validated for abuse,” a denial is appropriate. If the criminal background checks show convictions for violent behavior, battery at any time, or drug and alcohol issues in the last five years, there is also a concern. In this instance, it is likely someone from the Conference Sexual Ethics Committee or your pastor would be in contact with you to learn more about the circumstances. If you have any concerns about any of the questions, please see your pastor or call Gary Beach, Chair of the KE Conference Certification Authority, at 785-272-9111.

The next step is to complete the forms that are included in this packet of information. If you are reading this letter on the conference web site, then merely download and complete the forms, and bring them to the training class, along with a check made payable to the Kansas East Conference. (Note: The fee only partially covers the costs of the background checks. The conference pays the remainder.)

Reference forms are vital. The first of two references (Form D1) must be from an individual who has known you for two or more years, and is not related to you. The second reference (Form D2) must be from a Clergy person of the church where you will serve, or are currently serving. Regardless of circumstances, a pastor’s signature is required on Reference Form D-2. If the pastor is new and does not know you, the pastor may call the previous pastor for information, and so note this on the application. In larger churches where the clergy may not be well acquainted with the applicant, a person in the ministry area of service, or someone with whom the applicant may be familiar and is known to the pastor (such as a Disciple Bible leader), may sign. Again, the pastor of the church where you are serving must co-sign. (Note that if you are clergy or family of clergy use Form D3, not D2. The reference must be from the District Superintendent.)

The completed reference forms should be placed in an envelope by the person completing the form. They are to be given back to you in a sealed envelope and brought to the class. If it is not possible to have the completed references by class time, they may be mailed directly into the conference office. (Review the “Personal Check List” once again to make sure that all requirements have been met.)

Once the forms are in the office, and the appropriate checks are completed (background and SRS), your file is reviewed. A decision is then made regarding your certification. If the decision is in the affirmative, you will receive a certification card in the mail within 60 days. This card should be presented to the ministry area where you are serving so they can note that you are a certified worker. If, for some reason, you are denied certification a letter will be sent to you and to your pastor. All information is confidential and will not be provided to anyone other than the pastor, who will notify you when he/she receives the letter.

Thank you for your willingness to serve the Lord through this ministry designed to prevent abuse and protect the most vulnerable of our population. Please call or email if you have any questions.

Nancy Brown and Terri Arnold
Instructor Coordinators
Safe and Sacred Space
Kansas East Conference
Email: NancyBrownCOR@aol.com and/or ToTheArnolds@aol.com



WORKER PACKET CONTENTS

FOR SAFE AND SACRED SPACE – ABUSE PREVENTION PROGRAM

A Ministry of the

Kansas East Conference of The United Methodist Church

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- FORM D-3 – Clergy Worker Reference Form to be completed by District Superintendent (for clergy or family of clergy)

If you have questions, call or email:

Nancy Brown and Terri Arnold
Instructor Coordinators
Safe and Sacred Space
Phone: 913-559-1299 (Nancy cell) and/or 913-897-4396 (Terri home)
Fax: 913-897-4635
NancyBrownCOR@aol.com and/or tothearnolds@aol.com

All forms are to be completed, collected and brought with you to the Abuse Prevention Training session you attend.

Completed worker forms must be received in the Conference office within 60 days of training. Due to time sensitive information workers must reapply if the 60 day deadline is passed. Please verify current forms are being used.

USE BLACK OR BLUE INK ON ALL FORMS!

PERSONAL CHECK LIST FOR WORKER CERTIFICATION FOR SAFE AND SACRED SPACE – ABUSE PREVENTION PROGRAM

– FOR YOUR PERSONAL USE ONLY –

The following steps must be completed in order to be certified to work with children, youth and/or adults with developmental disabilities in Kansas East Conference of The United Methodist Church,

Complete and provide all forms to your Instructor, or the Kansas East Conference Office (see address below). The Conference Office will **NOT** process your file until **ALL** materials have been received, including all references. **USE BLUE OR BLACK INK ONLY ON ALL FORMS! THANK YOU!**

_____ **FORM A – Certification Application and Disclosure Form for Conference Workers.** Include two personal references – one clergy & one laity (see Form D-1 & D-2 below). In the case of clergy, use Forms D1 & D3.

Date given to Instructor: _____ Date mailed: _____

_____ **FORM B – KS Department of Social and Rehabilitation Services “Child Abuse and Neglect Central Registry Release of Information Form.”**

Date given to Instructor: _____ Date mailed: _____

_____ **FORM C – Authorization for the Release of Information for Criminal Background Checks**

Date given to Instructor: _____ Date mailed: _____

_____ **FORM D1 – Worker Reference Form.** This reference (D1) is required for **all applicants** and must be completed by a person **who has known you for at least two years and is not a relative**. This must be accompanied by a second reference for **all applicants**. The second reference will differ, depending upon whether you are a lay person (D2) or clergy (D3). See below for details. Give each reference a form and an envelope addressed to the Kansas East Conference Office. Ask them to complete the form, seal it in the envelope, and return it to you for mailing so you will know it has been completed. If this is not feasible, have the envelope stamped and sent directly to the conference office.

_____ **FORM D2 – Lay Worker Reference Form.** **If you are a lay person, your second reference must be a clergy person from the church you are attending.** If you are attending a larger church and the pastor does not know you, he/she may designate someone else to complete the form. *However, the pastor still must sign that he/she has seen the reference.* If you are clergy or family of clergy, please **DO NOT** use this form. Instead, use Form D3 for your second reference.

_____ **FORM D3 – Clergy Worker Reference Form.** **If you are clergy or family of clergy, then your District Superintendent must be your second reference.** If you are a lay person and not family of clergy, please **DO NOT** use this form. Instead, use Form D2 for your second reference.

YOU ARE NOW READY TO ATTEND A TRAINING PROGRAM

_____ **Attend a Safe and Sacred Space Training Program led by an Instructor certified by the Kansas East Conference.**

Date of training: _____ Name of Instructor: _____

Once all information is processed and reviewed by conference staff, you will be notified by the receipt of a certification card if and when you become a certified worker. This card enables you to work with children, youth and/or adults with developmental disabilities for four years. (You will be notified by the conference office when the four year certification expires and you must then take another class.)

ALL FORMS MUST BE INTO THE KANSAS EAST CONFERENCE OFFICE WITHIN 60 DAYS OF TRAINING!

If you have questions, or if you have not received your Certification Card within 60 days, call or email the Kansas East Conference Office, Sue Hughes (Phone: 785-272-9111; email: shughes@kansaseast.org).

CERTIFICATION APPLICATION AND DISCLOSURE FORM

CONFERENCE WORKERS – SAFE & SACRED SPACE – AN ABUSE PREVENTION PROGRAM

Send Form & References to: Sue Hughes, Sexual Ethics Implementation Committee, Kansas East Conference Office, P.O. Box 4187, Topeka, KS 66604-0187 – **or bring to the training event you attend**

This application is to be completed by all applicants (lay and clergy) for any position (volunteer or compensated) involving the supervision or custody of children, youth, and/or adults with developmental disabilities in conference, district, or local church events/programs. It is being used to help the conference, church and its ministries provide a safe and secure environment for those children, youth and adults who participate in our programs and use our facilities.

Applying for Certification for first time **Applying for a renewal of Certification**

Name _____ Date _____

Print: Include Last, Maiden Name, First and Middle

Permanent Address: _____

Street Address, City, State, Zip

Home Phone () _____ Work Phone () _____ Email: _____

Birth Date _____ Place of Birth _____ Male _____ Female _____

Church _____ No. of Years Attending: _____

Do you have a current driver's license? Yes _____ No _____ Number: _____

Complete the following questions. Explain "Yes" answers on Page 2 in space provided or add an additional page.

Have you ever been . . .

1. . . . convicted of any crime against children or other persons? Yes _____ No _____
2. . . . convicted of rape? Yes _____ No _____
3. . . . found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes _____ No _____
4. . . . found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? Yes _____ No _____
5. . . . accused in the past of abuse of a minor, vulnerable adult, or developmentally disabled person? Yes _____ No _____
6. . . . convicted of the possession, use or sale of drugs within the last 5 years? Yes _____ No _____
7. Has your driver's license been suspended or revoked within the last 5 years? Yes _____ No _____
8. Are you currently involved in any court proceedings involving charges related to sexual or physical abuse of a minor, vulnerable adult, or developmentally disabled person? Yes _____ No _____
9. Have you resigned, been terminated or been asked to resign from a position, either paid or volunteer, due to complaint(s) or physical or sexual abuse? Yes _____ No _____
10. Other than the above matters, are there any facts or circumstances involving you and your background that would call into question your being entrusted with the supervision, guidance and care of children, young people, vulnerable adults, or developmentally disabled persons? Yes _____ No _____

Have you lived outside the state of Kansas at any point over the last seven (7) years? Yes _____ No _____
If yes, list all those addresses below by City, County, State and Zip:

Church Activity

Name the United Methodist Church through which you are seeking certification, where you are currently a member, employed by or involved with children, youth, and/or adults with development disabilities through childcare, scouting, mission trips, disaster relief or other activities.

Name and addresses of other churches you have attended regularly during the past five years:

List all previous church work involving youth (identify church and type of work):

Explanation of "yes" answers from first page (be specific). Use back of sheet if more space is needed.

Personal References: Each applicant shall have two references. One shall be completed by *someone familiar with your* experience with children/youth/adults with developmental disabilities, who is 18 years or older and not related to you in any way (Form D-1). One shall be the **United Methodist Pastor** of the church in which you are involved or his/her designee in the event you are unknown to the pastor, i.e., program director (Form D-2). However, the Pastor still must sign the form. If you are not a member of the church and need certification because you are serving in a program within the church, your local pastor or employer should complete the form and it should then be provided to the local pastor of the church in which you hold membership or in which you are active. If you are a pastor or family of a pastor, use Form D; the reference must be your District Superintendent. You are responsible for getting the reference forms to the people you designated below. They shall be placed by the reference in an envelope. You are also responsible for seeing that they are given to the instructor or sent to Sue Hughes in the Conference Office. All forms must be in the conference office within sixty (60) days of the training class. If not, your file will not be reviewed and you will not be certified.

1) United Methodist Pastor/Designee Reference

2) Adult Reference, over 18, not related to you

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Print Your Name Here _____

Applicant Signature _____ Date _____

Kansas Department of Social and Rehabilitation Services
Child Abuse and Neglect Central Registry
P. O. Box 2637
Topeka, Kansas 66601

Child Abuse and Neglect Central Registry
Release of Information

USE BLUE OR BLACK INK ONLY! THANK YOU!

I, _____, give permission for the release of any information
(please print complete first, middle and last name)
concerning myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Sue Hughes
Agency Name: Kansas East Conference of the United Methodist Church
Mailing Address: 4201 SW 15th Street, Topeka, KS 66604
Phone Number: 785-272-9111

I understand that all information released will be for exclusive and confidential use of the above named organization/person/agency.

**Please complete the information below by printing in BLUE OR BLACK INK ONLY.
Please print legibly. Do not leave any space blank.
All requested information is required to process this request.
Incomplete information will result in the release not being processed and will be returned as insufficient.**

First, Middle and Last Name _____

Maiden Name: (Female applicant only) _____

Married Names, Nicknames or other Names Used: _____
(Use N/A if not other names used)

Date of Birth: _____ Race: _____

Social Security #: _____ Gender: Male Female

Signature: _____ Date: _____

Current Address: _____

Signature of parent or guardian for youth 16 to 17 years of age

Date

For Central Registry Use Only

FEE ATTACHED

**AUTHORIZATION FOR THE RELEASE OF INFORMATION
FOR CRIMINAL BACKGROUND CHECK**

Kansas East Conference of The United Methodist Church

4201 SW 15th Street, P O. Box 4187, Topeka, KS 66604

YOU MUST USE BLACK OR BLUE INK!

IDENTIFICATION OF THE INDIVIDUAL TO BE SEARCHED

Full Name: _____
Last Name First Name Middle Name (Jr, Sr, III . . .)

Alias/Maiden Name: _____
Last Name First Name Middle Name (Jr, Sr, III . . .)

Date of Birth: _____ Place of Birth: _____
City, State or Foreign Country)

Social Security No. _____ Sex: ____ Race: ____ Height: ____ Weight: ____

Occupation: _____

Residence: _____

I hereby request and authorize the Kansas East Conference to conduct a Criminal Background Check(s) for the purpose of obtaining information for Safe and Sacred Spaces Certification.

Date

Signature

Date

Signature of parent/guardian for Youth 16-17 years of age

This form is not to be copied or retained by local church

WORKER REFERENCE FORM – TO BE COMPLETED BY LAITY

KANSAS EAST CONFERENCE – THE UNITED METHODIST CHURCH

The individual named above has applied to work with children, youth and/or adults with developmental disabilities at Kansas East conference, district or local church events. The form should be completed as it relates to this person's character, and their qualifications to work in such settings. Each applicant must have two references, one from a person who has known them for two years and is not a relative (Form D-1), and the other from clergy in the church where they are attending or will serve (Form D-2). If the applicant is clergy or family of clergy, the District Superintendent must be the second reference (Form D-3).

APPLICANT NAME _____ **DATE** _____

How long have you known the applicant? _____ In what capacity? _____

Would you affirm this person as a volunteer with children, youth, and/or adults with developmental disabilities?

_____ With no reservations _____ With some reservation _____ No, not at all

Please explain (**use back of sheet if necessary**) _____

RATE THE APPLICANT IN THE FOLLOWING AREAS:	EXCELLENT	GOOD	FAIR	POOR	DON'T KNOW
PERSONAL HABITS					
CHARACTER					
MORAL					
ATTITUDE					
COMPASSION FOR THOSE IN NEED					
RESPONSIBLE TO COMPLETE COMMITMENTS					
EMOTIONAL STABILITY					
CHRISTIAN MATURITY					
ABILITY TO RELATE TO YOUTH (12 to 18 yrs. old)					
ABILITY TO RELATE TO CHILDREN (under 12 yrs. old)					
RECEPTIVITY TO CONSTRUCTIVE CRITICISM					
HEALTH					

Please Print

REFERENCE NAME _____ EMAIL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

SIGNATURE _____ DATE _____

Please be aware that the candidate for certification has the right upon request to review their file.

Please return the completed form to

Sexual Ethics Implementation Committee, Kansas East Conference Office
P.O. Box 4187, Topeka, KS 66604-0187

This form is not to be copied or retained by local church

WORKER REFERENCE FORM – TO BE COMPLETED BY CLERGY

KANSAS EAST CONFERENCE – THE UNITED METHODIST CHURCH

The individual named below has applied to work with children, youth and/or adults with developmental disabilities at Kansas Conference, District or local church events. The form should be completed as it relates to this person's character, and their qualifications to work in such settings. **The person completing this form must be clergy of the church where the person is serving or attending. Where clergy may not know the applicant, or has not known the person for two years, he/she may designate another person to complete and sign the form, for example, a previous pastor or trusted lay person. If the applicant is not a member of the church, i.e., a Boy Scout leader, the reference could be completed by their pastor or employer. However, clergy of the church where the person is serving or attending must also sign the form so he/she knows who is serving in the church or conference.** (If the worker applicant is clergy or family of clergy, do not use this form. The applicant's District Superintendent must provide the reference information on Form D-3.)

APPLICANT NAME _____ **DATE** _____

How long have you known the applicant? _____ In what capacity? _____

Would you affirm this person as a volunteer with children, youth, and/or adults with developmental disabilities?

_____ With no reservations _____ With some reservation _____ No, not at all

Please explain (use back of sheet if necessary) _____

RATE THE APPLICANT IN THE FOLLOWING AREAS:	EXCELLENT	GOOD	FAIR	POOR	DON'T KNOW
PERSONAL HABITS					
CHARACTER					
MORAL					
ATTITUDE					
COMPASSION FOR THOSE IN NEED					
RESPONSIBLE TO COMPLETE COMMITMENTS					
EMOTIONAL STABILITY					
CHRISTIAN MATURITY					
ABILITY TO RELATE TO YOUTH (12 to 18 yrs. old)					
ABILITY TO RELATE TO CHILDREN (under 12 yrs. old)					
RECEPTIVITY TO CONSTRUCTIVE CRITICISM					
HEALTH					

Please Print:

REFERENCE NAME _____ EMAIL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

SIGNATURE _____ DATE _____

Clergy of the United Methodist church where the person is serving or attending must sign if the above reference is other than clergy: _____

Please be aware that the candidate for certification has the right upon request to review their file.

Please return the completed form to

Sexual Ethics Implementation Committee, Kansas East Conference Office
P.O. Box 4187, Topeka, KS 66604-0187

This form is not to be copied or retained by local church

CLERGY WORKER REFERENCE FORM

**TO BE COMPLETED BY THE DISTRICT SUPERINTENDENT FOR CLERGY OR FAMILY OF CLERGY
KANSAS EAST CONFERENCE OF THE UNITED METHODIST CHURCH**

The clergy person (or family of clergy) named below has applied to work with children, youth and/or adults with developmental disabilities at Kansas East conference, district or local church events/programs. Each applicant must have two references, one from a person who has known them for two years and is not a relative (Form D-1), and the other reference must be from the District Superintendent in the District in which they serve (Form D-3). Please complete this form as it relates to this individual, their character, and their qualifications to work in such settings.

APPLICANT NAME _____ **DATE** _____

How long have you known the applicant? _____ In what capacity? _____

Would you affirm this person as a volunteer with children, youth, and/or adults with developmental disabilities?

_____ With no reservations _____ With some reservation _____ No, not at all

Please explain (**use back of sheet if necessary**) _____

RATE THE APPLICANT IN THE FOLLOWING AREAS:	EXCELLENT	GOOD	FAIR	POOR	DON'T KNOW
PERSONAL HABITS					
CHARACTER					
MORAL					
ATTITUDE					
COMPASSION FOR THOSE IN NEED					
RESPONSIBLE TO COMPLETE COMMITMENTS					
EMOTIONAL STABILITY					
CHRISTIAN MATURITY					
ABILITY TO RELATE TO YOUTH (12 to 18 yrs. old)					
ABILITY TO RELATE TO CHILDREN (under 12 yrs. old)					
RECEPTIVITY TO CONSTRUCTIVE CRITICISM					
HEALTH					

Please Print

REFERENCE NAME _____ EMAIL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

SIGNATURE _____ DATE _____

Please be aware that the candidate for certification has the right upon request to review their file.

Please return the completed form to

Sexual Ethics Implementation Committee, Kansas East Conference Office
P.O. Box 4187, Topeka, KS 66604-0187