

**Mount Hope United Methodist Church  
Children & Youth Volunteer Requirements**

Thank you for volunteering with the children and youth of Mount Hope! We are grateful for your willingness and thank you for answering the call to serve. In order to do so, please complete the following in an effort to keep both our volunteers and the children & youth safe.

1. Send Criminal Record Clearance (within 5 years) to [office@mthope.org](mailto:office@mthope.org)
2. Child Abuse Clearance (within 5 years) to [office@mthope.org](mailto:office@mthope.org)
3. Complete Virtual Safe Sanctuary Training (every 2 years)
  - a. Watch Full Training Video

**Link:** [https://us02web.zoom.us/rec/component-page?action=viewdetailpage&sharelevel=meeting&useWhichPasswd=meeting&clusterId=us02&componentName=need-password&meetingId=mu6QoWapC8fhAyBgW0SmOGraNc2cnBegGUOFQpH9pQITASsysAnT06sBnf8t8Lka.Chat-Rz3qa3xggAS&originRequestUrl=https%3A%2F%2Fus02web.zoom.us%2Frec%2Fshare%2FwEx3SbikORCt3BxJg\\_NW5htkfacr-iZ2k-2MsfvcDQCl3f1Hbt-SUGa6fjzzWmns.mToKTJZc3OGK2EqH%3FstartTime%3D1716296915000](https://us02web.zoom.us/rec/component-page?action=viewdetailpage&sharelevel=meeting&useWhichPasswd=meeting&clusterId=us02&componentName=need-password&meetingId=mu6QoWapC8fhAyBgW0SmOGraNc2cnBegGUOFQpH9pQITASsysAnT06sBnf8t8Lka.Chat-Rz3qa3xggAS&originRequestUrl=https%3A%2F%2Fus02web.zoom.us%2Frec%2Fshare%2FwEx3SbikORCt3BxJg_NW5htkfacr-iZ2k-2MsfvcDQCl3f1Hbt-SUGa6fjzzWmns.mToKTJZc3OGK2EqH%3FstartTime%3D1716296915000)



**Pass:** #dpnaW12

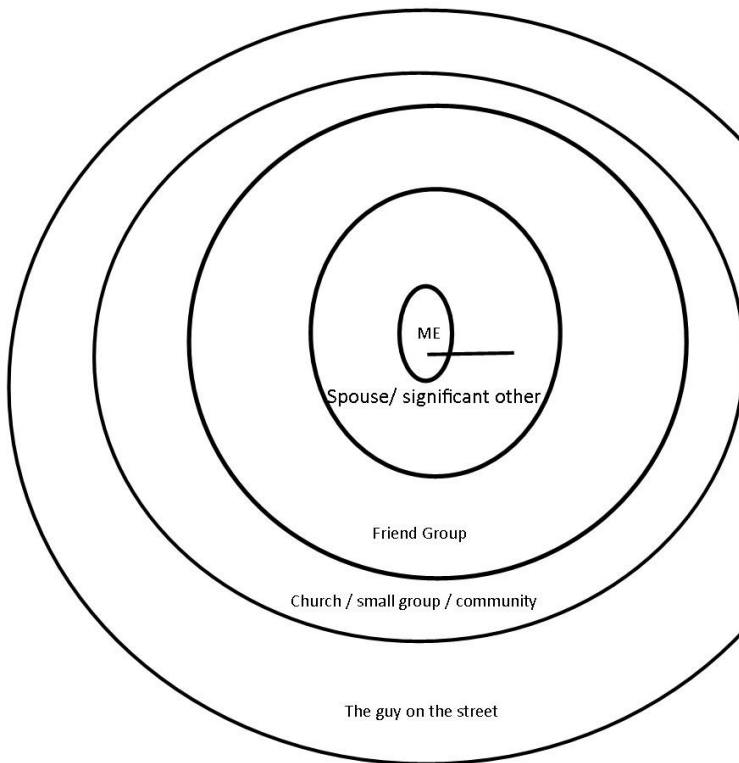
- b. Print & Complete Attached Forms
  - c. Submit completed forms to [office@mthope.org](mailto:office@mthope.org)

**VIRTUAL SAFE SANCTUARY ACTIVITES  
TO COMPLETE ALONG WITH VIDEO  
Mount Hope United Methodist Church**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CIRCLE OF TRUST ACTIVITY (COMPLETE WHEN PROMPTED DURING VIDEO)**



- 1.Salary
- 2.Health problems
- 3.Temptations
- 4.Educational Background
- 5.Weight
- 6.Struggles with faith
- 7.Problems in your marriage or relationships
- 8.Your dreams for the youth group
- 9.Professional
- 10.Present problems – money, drugs, job,
- 11.Frustration with the church / youth director / another youth leader
- 12.Your political ideas
- 13.Past struggles with alcohol and drugs
- 14.Children's problems
- 15.Issues in your family that you are 16.struggling with
- 17.Break ups/ Divorce
- 18.Age
- 19.Issues that one of the teen has shared with you that h/she are struggling with.
- Mental health issues
- 20.Testimony
- 21.Weekend activities
- 22.Hobbies
- 23. Teen's struggle with relationships
- 24. If you think another adult or teenager is a looker.

## QUIZ (COMPLETE AT END OF VIDEO)

1. As a good rule of thumb, it is best practice to never be alone with a child.

☐ True   ☐ False

2. Which is best practice when volunteering with children & youth?

- ☐ Keep classroom doors open
- ☐ Volunteers should be at least 5 years older than the children they are working with
- ☐ Advanced Notice Should Be Given to Parents & Guardians regarding activities
- ☐ All of the above

3. Young children should be escorted by a volunteer throughout the building during organized activities.

☐ True   ☐ False

4. There are some instances where alcohol is permitted during church sponsored activities.

☐ True   ☐ False

5. Which of the following could be a sign that a child is being abused?

- ☐ Injuries inconsistent with explanation   ☐ Burn Marks
- ☐ Regression in potty-training   ☐ Extreme Behaviors
- ☐ Sexual Knowledge Beyond Age   ☐ All of the above

6. Are you as a child & youth volunteer a mandated reporter of suspected child abuse?

☐ Yes   ☐ No

7. If a child shares a story of child abuse with you, you should promise the child that you will not share that information with anyone else.

☐ True   ☐ False

8. How often does the United Methodist Church require you to complete Safe Sanctuary training as a child & youth volunteer?

☐ Once only   ☐ Every 2 Years   ☐ Every 4 Years

9. Do you need to submit background clearances to work with children and youth in our church?

☐ Yes   ☐ No

10. Are you excited to share Christ's love with our children and youth?

☐ Yes   ☐ No

**VIRTUAL SAFE SANCTUARY  
DISCLOSURE FORM**  
**Mount Hope United Methodist Church**

(Revised April 2024)

Answer the following questions by checking the appropriate box. If more space is needed, please use an additional sheet of paper.

1. Are you: ☐ Returning Volunteer ☐ First-time Volunteer ☐ Staff ☐ Other: \_\_\_\_\_
2. For what position are you currently serving or applying (please check all that are relevant)?  
☐ Sunday School Teacher or Volunteer ☐ Youth Ministry Leader or Volunteer  
☐ Children's Ministry Leader or Volunteer ☐ Vacation Bible School Leader or Volunteer  
☐ Off-site/Overnight Trip Chaperone ☐ Mount Hope Children's Center Parent or Volunteer  
☐ Other: \_\_\_\_\_
3. Have you ever been accused, in a written and signed statement, of sexual misconduct with a child or a youth? ☐ Yes ☐ No
4. Have you ever been accused, in a written and signed statement, of sexual misconduct with an adult?  
☐ Yes ☐ No
5. Have you ever been dismissed from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part? ☐ Yes ☐ No
6. Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part? ☐ Yes ☐ No

If your response to any of the foregoing questions (3 through 6) is "yes", please provide all details regarding each accusation of sexual misconduct that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct, and the name of your employer at the time of the alleged misconduct. *Please attach explanation.*

7a. Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g. indictment, arrest, trial, etc.)? If yes, please provide the complete details of those proceedings (including dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations, and the result of the proceedings). *Provide explanation below or attach additional document.* ☐ Yes ☐ No

7b. Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion? If so, please provide the same details with respect to each such proceeding. *Please attach explanation.* ☐ Yes ☐ No

8. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? *Please attach explanation.* ☐ Yes ☐ No

**References**

*Please provide three adult references (name, email address, phone number, and address) of persons who are not related to you by blood, marriage or other family relationship and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth, and/or adults. At least one of the references must be from a person outside of Community UMC.*

**Reference #1**      Name/Relationship: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_

\_\_\_\_\_  
**Reference #2**      Name/Relationship: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_

\_\_\_\_\_  
**Reference #3**      Name/Relationship: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_

\_\_\_\_\_

I verify that the answers I have provided on this Questionnaire are true and accurate to the best of my ability. I understand false answers, as well as the failure to sign this Response Form, will result in my being denied the position for which I am being considered.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Full Name (Printed): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

*If applicant is under the age of 18, a parent or guardian must also sign.*

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print Parent or Guardian's Full Name: \_\_\_\_\_

☐ I hereby acknowledge that I have completed Mount Hope's Virtual Safe Sanctuary Training.

1) Date \_\_\_\_\_ Sign \_\_\_\_\_

2) Date \_\_\_\_\_ Sign \_\_\_\_\_

3) Date \_\_\_\_\_ Sing \_\_\_\_\_

**For Office Use Only**

☐ Applicant is in membership database, Date: \_\_\_\_\_

☐ Background check authorization form returned, Date: \_\_\_\_\_

☐ Background check completed, Date: \_\_\_\_\_

☐ Background check results recorded. Date: \_\_\_\_\_