

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

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## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

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## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
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- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_ Possible risk of abuse

\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

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Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_ Possible risk of abuse

\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_ Possible risk of abuse

\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

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I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

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Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

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To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

---

Date

---

Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

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Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
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## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
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- Safe Church, Safe Communities: Power and Relationships
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## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_ Possible risk of abuse

\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

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recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

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# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

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- Duty to Report: Mandated Reporter (15 minutes)

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- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_ Possible risk of abuse

\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

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  - Holding hands while walking with small children.
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  - Kneeling or bending down for hugs with small children.
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- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
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- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
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- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
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Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

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2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_\_ Possible risk of abuse

\_\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

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Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

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You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_\_ Possible risk of abuse

\_\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

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The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

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St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

---

Date

---

Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

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Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

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## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

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## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

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## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_\_ Possible risk of abuse

\_\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

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VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

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- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_ Possible risk of abuse

\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

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**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

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**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

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2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
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Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_ Possible risk of abuse

\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

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**Read and initial each item to signify your agreement to comply with the statement.**

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\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

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\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

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*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

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Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

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Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

---

Applicant Volunteer or Employee Signature

---

Date

---

Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
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Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_ Possible risk of abuse

\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

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St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

---

Applicant Volunteer or Employee Signature

---

Date

---

Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

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recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

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National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

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**St. John the Evangelist Episcopal Church**

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EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

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## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

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## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

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## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_ Possible risk of abuse

\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

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**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

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\_\_\_\_ Other: \_\_\_\_\_

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_\_ Possible risk of abuse

\_\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

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Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

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Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

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The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

---

Applicant Volunteer or Employee Signature

---

Date

---

Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

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The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
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- Duty to Report: Mandated Reporter (15 minutes)

## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
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- Safe Church, Safe Communities: Power and Relationships
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- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_\_ Possible risk of abuse

\_\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

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Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

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National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

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**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

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- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

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- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_\_ Possible risk of abuse

\_\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
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  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
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- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
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## Off-Site Permissions:

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**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

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1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_ Possible risk of abuse

\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

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Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

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You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_ Possible risk of abuse

\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

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Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

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St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

---

Date

---

Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

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Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051

# Safe Church:

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**PROTECTING OUR CHILDREN, YOUTH AND  
VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

PHONE: 651-228-1172

WEB: [WWW.STJOHNSSTPAUL.ORG](http://WWW.STJOHNSSTPAUL.ORG)

EMAIL: [CHURCH@STJOHNSSTPAUL.ORG](mailto:CHURCH@STJOHNSSTPAUL.ORG)

## Overview:

**What:** St. John's Safe Church Policies

**Why:** Ensure best practices to live out our Baptismal Covenant to respect the safety and dignity of every human being. Practices include but are not limited to... facility safety, current child protection research, the needs of vulnerable adults, diversity inclusion, support for LGBTQ and gender non-binary persons, awareness of diverse sensory needs, off-site and overnight programming, camp and retreat centers, social media and other communication.

**Who:** Everyone is encouraged to take the training and make a commitment to follow St. John's Code of Conduct, see page X. Staff, elected leaders, key holders, and individuals seeking to engage in a ministry position with children, youth, and vulnerable persons are required to complete the training. Staff and those volunteering with minors and vulnerable persons are also required to submit to a background check.

**When:** Training needs to be renewed once every 3 years a person is actively participating in ministry. Please contact St. John's Safe Church Administrator to check if you need training and get set up for the online academy, 651-228-1172 x10 or at [church@stjohnsstpaul.org](mailto:church@stjohnsstpaul.org).

## Training Requirements:

### Clergy and All Paid Church Staff:

- Safe Church, Safe Communities: Introduction & Theological Background (25 minutes)
- Safe Church, Safe Communities: Organizational Rules and Policies (15 minutes)
- Safe Church, Safe Communities: Healthy Boundaries (15 minutes)
- Safe Church, Safe Communities: Power and Relationships
- Safe Church, Safe Communities: Abuse & Neglect (15 minutes)
- Safe Church, Safe Communities: Inclusion (15 minutes)
- Safe Church, Safe Communities: Pastoral Relationships
- Safe Church, Safe Communities: Bullying (10 minutes)
- Duty to Report: Mandated Reporter (15 minutes)

### Volunteer working with minors (under 18) or vulnerable populations:

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## Vestry, Wardens, and elected positions not working directly with children or vulnerable populations:

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## Key Holders, Lay Leaders, Adult ministries, and users not working with or making decisions about ministries with minors:

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## **Behavioral Guidelines:**

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. Some **positive and appropriate** forms of affection are listed below:
  - Brief hugs.
  - Pats on the shoulder or back.
  - Handshakes.
  - "High-fives" and hand slapping.
  - "Fist bumps".
  - Verbal praise.
  - Touching hands, faces, shoulders and arms of children or youth.
  - Arms around shoulders.
  - Holding hands while walking with small children.
  - Sitting beside small children.
  - Kneeling or bending down for hugs with small children.
  - Holding hands during prayer.
  - Pats on the head when culturally appropriate. (For example, this gesture should typically be avoided in some Asian communities).

2. The following forms of affection are considered **inappropriate** with children and youth in ministry setting because many of them are the behaviors that child abusers use to "groom" children or youth for later molestation or can be, in and of themselves, sexual abuse:

- Full body hugs or embracing a child or youth for an inordinate amount of time.
- Kisses on the mouth.
- Holding children over three years old on the lap.
- Touching bottoms, chests or genital areas other than appropriate diapering, toileting or dressing of infants and toddlers.
- Showing affection in isolated areas or locked areas bedrooms, closets, staff only areas or other private rooms.
- Occupying a bed with a child or youth.
- Caressing knees or legs of children or youth.
- Wrestling with children or youth.
- Tickling children or youth.
- Piggyback rides.
- Any type of massage given by a child or youth to an adult.
- Any type of massage given by an adult to a child or youth.
- Any form of unwanted affection.
- Comments or compliments (spoken, written, or electronic) that relate to physique or body development. Examples would be, "You are developing," or "You look really hot in those jeans."
- Snapping bras or giving "wedgies" or similar touch of underwear whether or not it is covered by other clothing.
- Privately giving gifts or money to individual children or youth.
- Private meals in non-public venues with individual children or youth.
- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_\_ Possible risk of abuse

\_\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

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VULNERABLE ADULTS**



**St. John the Evangelist Episcopal Church**

60 KENT STREET – SAINT PAUL, MN 55102

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- Frequent association with individual children or youth outside of church related activities.

## Off-Site Permissions:

**Off-site or Overnight Programming:** Off-site programs, trips, and events are important for spiritual, social, and emotional development of children and youth. They also present additional challenges for maintaining best practices for safe and healthy ministry. The expectations for safe space, as described above, should be observed off-site. A copy of all forms/documentation brought along on the trip should be left with a designated person at St. John's, this person should also be the local emergency contact for those travelling and families at home.

**Prior Approvals:** Prior approval by the vestry and the member of the clergy in charge is required, and that approval shall be reflected in the minutes of the vestry. These same prior approvals are required when the site is a private residence, hosting such events as cookouts, dinners, etc.

**Insurance:** Any off-site programming should be included in St. John's insurance policy. For programs involving extensive travel or short-term trips, supplemental insurance must be secured at least one month prior to travel.

**Adult Leaders and Chaperones:** Ratios are 1:5 youth ages 9-14 and 1:7 youth ages 15-18.

Regardless of group size there should be no fewer than three adult chaperones.

One adult, minimum age 25, should serve as the travel administrator responsible for all aspects of the trip including carrying of forms and documentation such as, medical releases, community covenant, emergency contacts, itineraries, cash and/or card to cover emergency expenses.

One adult, minimum age 25, should hold a current medical certification to manage administration of necessary and permissible medications. Acceptable medical certifications include First Aid, CPR Certification, Wilderness Medical Response, Outdoor Emergency Care, Emergency Medical Technician/Paramedic, Nurse – RN/LPN/NP, Physician's Assistant, Medical Doctor.

**Transportation:** All drivers must be at least 21 years old and provide proof of insurance and a current driver's license, a completed Volunteer Driver Information form and have a satisfactory DMV Records check.

## Responding to Problems

1. All parishioners are encouraged to respectfully intervene if they witness inappropriate behavior (see "Behavioral Guidelines" pg. 2 and attached document "St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults") or non-adherence to guidelines. If the parishioner is uncomfortable or unsatisfied with the outcome, the parishioner is required to report the incident to a member of the staff or Vestry as soon as possible.
2. Members of staff or vestry must take action to correct any known situations that do not follow Safe Church policies and must report any such incident to at least one member of the Executive Committee, not involved in the incident.
3. All reports of policy violations or inappropriate behavior with minors or vulnerable adults will be taken seriously.
4. Reported incidents must be documented using the Confidential Notice of Concern (attached) and submitted to the bishops Office.
5. Known or suspected abuse of minors and vulnerable adults will be reported to the appropriate state authorities.

## CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern: \_\_\_\_\_

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_

Type of Concern:

\_\_\_\_ Inappropriate behavior with a child, youth or vulnerable adult

\_\_\_\_ Policy violation with a child, youth or vulnerable adult

\_\_\_\_ Possible risk of abuse

\_\_\_\_ Other: \_\_\_\_\_

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? If reported to the State, what was their recommendation about investigating?

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To your knowledge, has this situation ever occurred before?

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What action was taken? How was the situation handled, who was involved, who was questioned, were police called?

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What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

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Submitted by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location and address: \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

***\*Once completed, please mark the notice as confidential and mail to the Bishop (1101 W Broadway Ave, Minneapolis, MN, 55411)***

## St. John's Code of Conduct for the Protection of Children, Youth and Vulnerable Adults

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Vestry members, Children's, Youth, and Family Leadership Team members, Chairs of Advisory Boards, Committees, and Commissions, etc., Key Holders, Storytellers, anyone who volunteers as a Godly Play Greeter more than 3 times a year, Nursery Employees, anyone who volunteers in the Nursery more than 3 times a year, Youth Leaders, anyone who volunteers with youth more than 3 times a year, leaders of overnight activities, Eucharistic Visitors, Lay Pastoral Care Givers, and Volunteer Drivers.

Print Name: \_\_\_\_\_

**Read and initial each item to signify your agreement to comply with the statement.**

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children, youth and vulnerable adults involved in church activities and services.

\_\_\_\_\_ I agree not to physically, sexually, emotionally or financially abuse or neglect a child, youth or vulnerable adult.

\_\_\_\_\_ I agree to comply with the policies for general conduct with children, youth and vulnerable adults defined in St. John's Safe Church policy.

\_\_\_\_\_ I agree to comply with the Guidelines for Appropriate Affection with children, youth and vulnerable adults.

\_\_\_\_\_ In the event that I observe any inappropriate behaviors or possible policy violations with Children, youth or vulnerable adults, I agree to immediately report my observations to the ministry leader, clergy, or wardens.

\_\_\_\_\_ I acknowledge my obligation and responsibility to protect children, youth and vulnerable adults and agree to report known or suspected abuse of children, youth or vulnerable adults to appropriate church leaders and state authorities in accordance with St. John's Safe Church policy.

\_\_\_\_\_ I understand that the church will not tolerate abuse of children, youth and vulnerable adults and I agree to comply in spirit and in action with this position.

Please return to St. John's Safe Church Administrator within 30 days of your start date.

## BACKGROUND CHECK ACKNOWLEDGMENT, RELEASE, AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen to volunteer in ministry. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering in ministry. I also authorize *St. John the Evangelist Episcopal Church* to request and receive such information. If hired or chosen to volunteer in ministry, I agree to be bound by *St. John the Evangelist*

*Episcopal Church's* policies and procedures, including but not limited to the *Safe Church Policy* and **Code of Conduct for the Protection of Children, Youth and Vulnerable Adults**. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the St. John's Vestry and without prior notice to me. If hired or chosen to volunteer in ministry, I agree to attend the educational training that is required for my position under the *Safe Church Policy*.

I understand that my acceptance for employment or volunteering in ministry is contingent upon satisfactory results from background checks as required under the *Safe Church Policy* and that in conjunction with any background checks, I may be required to provide my social security number, driver's license number and/or date of birth.

I also understand that my employment or volunteering in ministry may be terminated, or any offer or acceptance of employment or volunteering in ministry withdrawn, at any time, with or without cause, and with or without prior notice at the option of *St. John the Evangelist Episcopal Church* or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering in ministry communication is intended to or creates a contract between myself and *St. John the Evangelist Episcopal Church* or the Diocese of Minnesota for either employment, volunteering in ministry or the providing of any benefit.

**I have read and understand the above provisions.**

Signature: \_\_\_\_\_

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

Please return to St. John's Safe Church Administrator within 30 days of your start date

## Background Checks: Authorization and Informed Consent

To be completed by Clergy, Lay Employees, Independent Contractors who will be responsible for supervising minors or vulnerable adults, Executive Committee members, Eucharistic Visitors, Lay Pastoral Care Givers, Volunteer Drivers, Godly Play Storytellers, Nursery Supervisors, and Youth Leaders.

Employee background checks are administered by the Treasurer's Office and Volunteer background checks are administered by the Safe Church Administrator, using LexisNexis. This information sheet will be kept in a locked file cabinet, in a locked room until the background checks are done. Once the background checks are complete the forms completed by Volunteers will be shredded and the forms completed by employees will be stored in the applicant's personnel file.

The results of the background checks will be reviewed, evaluated, and used to determine suitability for the position being considered.

Position Applying for: \_\_\_\_\_

Full Legal Name of Applicant - Please print:

\_\_\_\_\_  
Last First Middle

Birth Name of Applicant: \_\_\_\_\_ Last First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I do hereby authorize St. John the Evangelist Episcopal Church, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or services as a volunteering in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

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

Please return to St. John's Safe Church Administrator 10 days before your start date.

## Motor Vehicle Report – Release and Disclosure

To be completed by anyone who will be driving unrelated parishioners on behalf of St. John the Evangelist Episcopal Church.

St. John' the Evangelist Episcopal Church will obtain a motor vehicle report on your driving history. The sole purpose of this report is for our insurance company.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if employment, or an offer of employment, or acceptance of volunteer services, is withheld due to the information contained in your motor vehicle report and, in that event, upon your written request we will provide you with a copy of the report we receive.

By signing this form:

1. You authorize us to obtain this report.
2. You agree to release without reservation, all liability against any party including but not limited to, our organization, staff, directors, officers, agencies and other persons or organizations who, in good faith, provided the information contained in the report.
3. You authorize the additional checking of your motor vehicle report as reasonably necessary from time to time to evaluate your insurability and/or acceptability as an authorized driver of our organization's vehicles.
4. You acknowledge receipt of a copy of the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

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Print Applicant Volunteer or Employee Full Name

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Applicant Volunteer or Employee Signature

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Date

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Driver's License Number

State of Issue

**Include copy of Driver's License, front and back, and copy of Motor Vehicle Insurance.**

Please return to St. John's Safe Church Administrator 10 days before your start date.

# A Summary of Your Rights

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA).

Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. #1681-1681u.

The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Access to your file is limited. A CRA may provide information about you only to people with a need

recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name).	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 * 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name).	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System.	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission.	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 * 202-720-7051