

## SAFE SANCTUARIES PARTICIPATION COVENANT STATEMENT

### RETURN TO:

Associate Pastor  
Isle of Hope United Methodist Church  
412 Parkersburg Road  
Savannah, Georgia 31406

The congregation of Isle of Hope United Methodist Church is committed to providing a safe and secure environment for all children, youth, vulnerable adults, and workers who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. No adult who has been convicted of child abuse (either sexual abuse, physical abuse, neglect, emotional abuse, or ritual abuse) should volunteer to work with children or youth in any church-sponsored activity.
2. Adult workers with children, youth or vulnerable adults shall observe the "Two Adult Rule" at all times so that no adult is left alone with children, youth or vulnerable adults on a routine basis.
3. Adult workers with children, youth and vulnerable adults shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
4. Adult workers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.
5. An email consent form sent from Checkr (a trustworthy platform that provides criminal background checks) to each worker for a background check and must be completed within 7 days of submission.

Please answer the following questions:

As a representative of this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children, youth and vulnerable adults?

☐ Yes ☐ No

As a representative of this congregation, do you agree to observe the "Two Adult Rule" at all times?

☐ Yes ☐ No

As a representative of this congregation, do you agree to participate in training and education events provided by the church to your work assignment?

☐ Yes ☐ No

As a representative of this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor ?

☐ Yes ☐ No

Have you been arrested or charged with any offense in the past five years?

☐ Yes ☐ No

Have you **EVER** been charged or arrested with an offense involving a child, youth or vulnerable adult ?

☐ Yes ☐ No

If yes, answer the following:

Date of offense \_\_\_\_\_ Charges \_\_\_\_\_ Location \_\_\_\_\_

Comments:

As a representative of this congregation do you agree to inform the Associate Pastor within 24 hours of an arrest or charge of a crime?

☐ Yes ☐ No

I agree to a background check being run every 5 years as long as I am in service with Isle of Hope UMC.

☐ Yes ☐ No

I have read this SAFE SANCTUARIES PARTICIPATION COVENANT STATEMENT, and I agree to observe and abide by the policies set forth above.

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Email Required for Background Check

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Print Name

Date

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Ministry Head or Area of Service

Isle of Hope United Methodist Church  
412 Parkersburg Road  
Savannah, Georgia 31406

**FOR COMMUNITY GROUPS ONLY**  
**HOLD HARMLESS/INDEMNIFICATION AGREEMENT**

For the Consideration of utilizing the facilities at the Isle of Hope United Methodist Church to facilitate programming with the community, \_\_\_\_\_ by execution of this document, agrees to protect, defend, indemnify, hold harmless and release forever IOHUMC, its Pastors, staff and employees, and the membership, from and against any and all liability, demands, actions, causes of action, damages, claims, suits, liens, loss and expense of any kind, and judgment of whatever nature, arising out of the use of the IOHUMC facilities which are owned by The United Methodist Church and/or arising out of activities coordinated or facilitated by \_\_\_\_\_ or services provided by \_\_\_\_\_.

\_\_\_\_\_ agrees and acknowledges that this release shall extend to any and all claims for personal injury, property damage, and wrongful death resulting from any and all acts including failure of equipment, and \_\_\_\_\_ hereby assumes any and all risks while facilitating activities or providing services at the Isle of Hope United Methodist Church.

\_\_\_\_\_ acknowledges that his/her/its present insurance carrier, personal or work related, may not insure him/her/it while conducting or facilitating activities or providing services at the Isle of Hope United Methodist Church.

\_\_\_\_\_ acknowledges and agrees that IOHUMC, Pastors, staff and employees, are entitled to and do not waive any sovereign immunity, qualified immunity, official immunity, or any other immunity under State and Federal Law.

\_\_\_\_\_ acknowledges that he/she has read and understands all of the language set forth herein, and that said agreement and release shall be binding upon

\_\_\_\_\_  
Community Group (s)

This \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature  
Printed Name

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

Commission Expires: \_\_\_\_\_

SEAL