

REGISTRATION PACKET
to Become a Kansas East Conference
CERTIFIED INSTRUCTOR

SAFE & SACRED SPACE
An Abuse Prevention Program

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



For more information:

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Safe & Sacred Space
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Safe & Sacred Space
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P. O. Box 4187
Topeka, KS 66604-0187
877-972-9111 (Phone)
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Shughes@kansaseast.org

November 2008



Dear Friend:

This packet is to for you to review before you apply to become a Conference Certified Instructor for the Kansas East Conference of The United Methodist Church. Please pay particular attention to the first page – **Pre-requisites to become a Conference Certified Instructor**. If you do not meet the first three criteria, you are not eligible to become an instructor at this time.

If you do meet the criteria, completing the two required references is the next step. If you are laity, the first reference must be from the Committee on Lay Leadership. The second reference must be from a clergy member of the church where you will instruct, or will conduct the majority of your instructing. If the clergy person is new to the church and does not know you well, he/she will contact the previous clergy. In some cases, a program director of the ministry in the church where you will serve who has known you for two years or more may complete the reference. However, the clergy of the church must also sign the form. If clergy, the first reference must be from the Staff Parish Relations Committee and the second reference must be from the District Superintendent. For confidentiality, the completed reference forms should be placed in envelopes by the person completing the form.

All required forms, including references and the completed Instructor Application Form (A-1 Instructors) should be brought to the Instructor Training of the Kansas East Conference for review. In some cases, they may have already been provided to the Kansas East Conference Office. A check payable to the *Kansas East Conference* for \$20.00 (your portion of the costs of the background checks) should accompany the references, unless it is going to be sent to the District Office. (In some instances, your church may pay the \$20.00 fee, so please check with them before you attend the class.) Be sure to review the personal "Instructor check-list" so you know all the forms have been completed. Your file will not be considered until all forms are in the conference office.

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

Nancy Brown, Coordinator of Instructors
Safe and Sacred Space – An Abuse Prevention Program
Kansas East Conference
15429 Overbrook Lane (Home Address)
Stanley, KS 66224
Phone: 913-558-1299
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PRE-REQUISITES TO BECOME A CONFERENCE CERTIFIED INSTRUCTOR
for the Kansas East Conference of The United Methodist Church
SAFE AND SACRED SPACE – AN ABUSE PREVENTION PROGRAM

In order to attend a Conference Certified course for instructors for Safe and Sacred Space (an abuse prevention program of the Kansas East Conference of The United Methodist Church), the following pre-requisites must be met.

1. You must currently be certified as a Worker under the Safe & Sacred Space Abuse Prevention Program of the Kansas East Conference of The United Methodist Church.
2. You must be at least 23 years of age.
3. If laity, you must be recommended by the clergy of the church where you will instruct, or will conduct the majority of your instructing. If clergy, you must be recommended by your District Superintendent.
4. If laity, you must have been a member of the local church for whom you are becoming an Instructor for at least two (2) years. You must have two completed references, one from the Committee on Lay Leadership from your local church (Form E-1), and one from the Pastor of the church where you will instruct (Form E-2). (In some instances, it may be more appropriate for the Director of the program or ministry area in which you will serve to complete the forms. However, clergy of the local church must still sign the form.)
5. If clergy, you must have been under appointment in the Kansas East Conference for at least two (2) years. You must have two completed references, one from your local church Staff Parish Relations Committee (Form E-1), and one from your District Superintendent (Form E-3). Please provide envelopes so they may be sealed by the person completing the form.
6. Complete all forms and bring them to the training class. You must have your references completed prior to coming to the class. Your file will not be considered until all forms are completed. Be sure to review the personal "Instructor check-list" so you know all the forms have been completed.
7. You must be willing to make a commitment to follow the materials and training guidelines as determined by the Sexual Ethics Implementation Team.
8. You must be willing to meet for an annual update with the Conference Coordinator of Instructors and/or other instructors for ongoing training and coordination, if appropriate.
9. To continue as an instructor after certification expires in four years, you must attend another Conference certified course for instructors. Please notify the Conference Coordinator or Kansas East Conference office if you no longer wish to continue as an instructor.

If you have any questions about any of the pre-requisites, please contact

Sue Hughes
Kansas East Conference Office
Phone: 877-972-9111
Fax: 785-272-9135
shughes@kansaseast.org

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INSTRUCTOR PACKET CONTENTS

FOR SAFE AND SACRED SPACE – ABUSE PREVENTION PROGRAM

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

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- FORM A-1 – Certification Application and Disclosure Form for Conference Instructors
- FORM B - KS Department of Social and Rehabilitation Services “Child Abuse and Neglect Central Registry Release of Information Form”
- FORM C – Authorization for the Release of Information for Criminal Background Checks.
- FORM E-1 – Instructor Reference Form. If laity, this form is to be completed by the Committee on Lay Leadership. If clergy, the form is to be completed by the Staff Parish Relations Committee.
- FORM E-2 – Instructor Reference Form for laity to be completed by Clergy
- FORM E-3 – Instructor Reference Form for clergy to be completed by District Superintendent

If you have questions, call or email:

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Kansas East Conference Office
Phone: 877-972-9111
Fax: 785-272-9135
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ALL FORMS ARE TO BE COMPLETED PRIOR TO ATTENDING THE CLASS.

USE BLACK OR BLUE INK ON ALL FORMS!

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

-- FOR YOUR PERSONAL USE ONLY --

The following qualifications and steps must be completed in order to be certified as an instructor to train others to work with children, youth and/or adults with developmental disabilities in the Kansas East Conference of The United Methodist Church. (This form is for your personal use only.)

In order to become a Certified Instructor you:

_____ **Must be 23 years of age and hold a current worker certification card from the Kansas East Conference of The United Methodist Church. If laity, you must have the approval of clergy from the church where you plan to instruct or will conduct the majority of your instructing. If clergy, you must have the approval from your District Superintendent.**

Date of training: _____ *Name of Trainer:* _____

_____ Must complete and provide the following forms to the Coordinator of Instructors, or to the Kansas East Conference Office (see address below). **USE BLUE OR BLACK INK ONLY! THANK YOU!**

The Conference Office will not process the file until all of the forms, including references and the \$20.00 fee for background checks, have been received. Within sixty (60) days of the training, if the required information is not provided, the file will be closed.

_____ **FORM A-1 – Certification Application and Disclosure Form for Conference Instructors:**
Include two personal references (see Form E-1, E-2 or E-3 below)

Date given to Instructor: _____ *Date mailed:* _____

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

Date given to Instructor: _____ *Date mailed:* _____

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

Date given to Instructor: _____ *Date mailed:* _____

_____ **FORM E-1 – Instructor Reference Form for Laity to be completed by the Committee on Lay Leadership. For Clergy it must be completed by Staff Parish.** This first reference form (E-1) is required for all Applicants. If laity it must be completed by a person on the Committee on Lay Leadership who has known you for at least two years and is not a relative. If Clergy, it must be completed by the Staff Parish Committee. A second reference is required on either Form E-2 or E-3, depending upon whether the applicant is laity or clergy.

_____ **FORM E-2 – Instructor Reference Form for Laity to be completed by Clergy.** This reference form (E-2) is required for laity and must be completed by clergy of the church where the person is serving or attending. In some circumstances, where clergy may not know the applicant, they may designate another person to complete and sign the form. However, clergy must also sign the form so they know who is serving in the church or conference.

_____ **FORM E-3 – Instructor Reference Form for Clergy to be completed by the District Superintendent**
This reference form (E-3) is required for clergy or family of clergy and must be completed by the District Superintendent where the person is serving. The District Superintendent should not be a relative of the applicant.

You may not conduct an instructor training course until you receive your certification card.

If you have questions, or if you have not received your Certification Card within 60 days, call or email the Kansas East Conference Office, Sue Hughes (Phone: 785-972-9111; email shughes@kansaseast.org).

November 2008

CERTIFICATION APPLICATION AND DISCLOSURE FORM
CONFERENCE INSTRUCTORS -- SAFE & SACRED SPACE – AN ABUSE PREVENTION PROGRAM

Send Form & References to: Sue Hughes, Sexual Ethics Implementation Committee, Kansas East Conference Office, P.O. Box 4187, Topeka, KS 66604-0187

This application must be completed in full. To become a Certified Instructor in the Kansas East Conference you must be at least 23 years of age, have completed the Conference Certified Worker Training Program and have the appropriate references (see below), and the endorsement of your church, clergy or designee, district superintendent or conference/district program director, depending if you are a lay person or clergy. All requirements must be completed and the certification card must be issued before you can conduct a certified training course.

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

Name: _____ Date: _____
Print: Include Last, Maiden Name, First and Middle

Permanent Address: _____
Street Address, City, State, Zip

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

Birth Date: _____ Place of Birth _____ Male _____ Female _____

Church _____ No. of Years Attending _____

Worker Certification Date _____ Location/Instructor _____

If you are a Lay person, attach two (2) completed INSTRUCTOR REFERENCE FORMS, E-1 & E-2: See Personal Check List for Instructors to be certain the correct forms are completed and required signatures are included.

Local Church _____ Date Joined _____

Pastor's (or designee's) Name _____

Chair, Church Committee on Lay Leadership, Staff Parish or Program Director _____

If Clergy, attach two (2) completed INSTRUCTOR REFERENCE FORMS, E-1 & E-3: One must be from the Staff Parish Relations Committee (E-1), and one from your district superintendent (E-3).

Current Appointment _____

Conference Status: ___ Full Member ___ Probationary Member ___ Local Pastor ___ Other

All applicants (lay and clergy) must answer the following questions.

1. Why do you want to become an Instructor?

2. Describe any previous experience with boundary awareness or any training events on physical or sexual abuse you have attended or led.

3. Have you or an immediate family member ever been the victim of sexual abuse? Yes No

4. Have you or an immediate family member ever been the victim of physical abuse? Yes No
If either question 3 or 4 is answered "yes," please complete the following:

Year(s) _____ Were reports or charges filed? Yes No
If "yes," what was the outcome?

Did you receive counseling or therapy as a result of this abuse? Yes No
If "yes," when and for how long?

5. Have you or an immediate family member ever been convicted of sexual abuse? Yes No

6. Have you or an immediate family member ever been convicted of physical abuse? Yes No

If either question 5 or 6 is answered "yes," please complete the following:
Year(s) _____ If "yes," what was the outcome? Yes No

Did you receive counseling or therapy as a result of this conviction? Yes No
If "yes," when and for how long?

7. If you have been directly affected by physical or sexual abuse, briefly describe your journey toward healing (use back of page or additional sheet if necessary)

Please return the completed form to

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

Kansas Department of Social and Rehabilitation Services Child Abuse and Neglect Central Registry P. O. Box 2637 Topeka, Kansas 66601	Child Abuse and Neglect Central Registry Release of Information
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I, _____, give permission for the release of any information
 (please print complete first, middle and last name)
 concerning myself in the Child Abuse and Neglect Central Registry to:

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

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

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

First, Middle and Last Name _____

Maiden Name: (Female applicant only) _____

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

Date of Birth: _____ Race: _____

Social Security #: _____ Gender: Male Female

Signature: _____ Date: _____

Current Address: _____

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

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601.

For Central Registry Use Only

_____ **FEE ATTACHED**

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

Kansas East Conference of The United Methodist Church

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

YOU MUST USE BLACK OR BLUE INK!

IDENTIFICATION OF THE INDIVIDUAL TO BE SEARCHED

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

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

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

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

Occupation: _____

Residence: _____

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

_____ Date

_____ Signature

_____ Date

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

INSTRUCTOR REFERENCE FORM

TO BE COMPLETED BY STAFF PARISH OR LAY LEADERSHIP COMMITTEE

KANSAS EAST CONFERENCE OF THE UNITED METHODIST CHURCH

The individual named below has applied to work as an Instructor to conduct certification workshops for workers serving with children, youth and/or adults with developmental disabilities at Kansas conference, district or local church events. The form should be completed as it relates to this person's character, and their qualifications to work in such settings. This is the first of two required references for the applicant. If laity, the first reference must be from a member of the Committee on Lay Leadership, and the other from the pastor of the local church where they are serving. **If clergy or family of clergy, this first reference must be from the Staff Parish Committee**, and the second from their District Superintendent. **The person completing this form should know the person for at least two years and not be a relative of the applicant.**

APPLICANT NAME _____ DATE _____

_____ Clergy _____ Laity _____ New Instructor _____ Recertification as Instructor

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

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

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

Please explain (use back of sheet if necessary) _____

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

Please Print

REFERENCE NAME _____ EMAIL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

SIGNATURE _____ DATE _____

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

Please bring the completed form to the training event or mail to

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

INSTRUCTOR REFERENCE FORM for LAITY

TO BE COMPLETED BY CLERGY

KANSAS EAST CONFERENCE OF THE UNITED METHODIST CHURCH

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

APPLICANT NAME _____ **DATE** _____

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

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

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

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

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

Please Print: If the reference is other than clergy, clergy must sign: _____

CLERGY REFERENCE NAME _____ EMAIL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

SIGNATURE _____ DATE _____

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

Please bring the completed form to the training event or mail to

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

INSTRUCTOR REFERENCE FORM for CLERGY

TO BE COMPLETED BY THE DISTRICT SUPERINTENDENT

KANSAS EAST CONFERENCE OF THE UNITED METHODIST CHURCH

The individual named above has applied to work as an **Instructor** to conduct certification workshops for workers who serve with children, youth and/or adults with developmental disabilities at Kansas East conference, district or local church events. The form should be completed as it relates to this person's character, and their qualifications to work in such settings. *Form E-3 is to be used for clergy only (or members of their family) who are applying to become an instructor. The District Superintendent completing this form should not be a relative of the applicant and must have known the applicant for at least two years. If not known for two years, the form should be completed by their predecessor, but the current DS still must sign the form.*

APPLICANT NAME _____ **DATE** _____

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

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

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

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

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

Please Print

D.S. REFERENCE NAME _____ EMAIL _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

SIGNATURE _____ DATE _____

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

Please return the completed form to the training event or mail to

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