

MISSOURI CONFERENCE  
UNITED METHODIST CHURCH  
3601 Amron Court  
Columbia MO 65202  
Fax: 866-805-0270

Conference Certification  
**General Reference Form**

**Use BLACK INK to Complete**

This reference must be completed by a person who is not related to the applicant.  
The person providing the reference must have known the applicant for at least two years, **and**  
must be able to accurately assess the applicant's ability to supervise children and youth.  
**All information in the Safe Sanctuaries process is confidential and the  
applicant has waived the right to see or review records in his/her file.**

**Applicant Name:** \_\_\_\_\_

1. **How long have you known this person?**  2-5 years  5-10 years  10+ years
2. **Have you actually witnessed this person's ability to relate to children, youth and/or vulnerable adults?**  Yes  No

3. **This Person uses appropriate verbal and visual language with children, youth and vulnerable adults.**  
e.g. does not use sexually explicit words, does not tell inappropriate jokes, does not speak in ways that might suggest more intimate relationships, does not show sexually graphic or suggestive photo or electronic images

Always	Usually	Seldom	Never	Unknown
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4. **This person uses appropriate forms of physical touch and others tend to feel comfortable with this person.**  
e.g. does not initiate prolonged or suggestive hugs, makes physical contact with others that is consistent with all persons rather than more intimate or prolonged contact with specific individuals, refrains from touching parts of the body that could cause the other person to feel uncomfortable

Always	Usually	Seldom	Never	Unknown
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5. **This person refrains from all forms of enticement for sexual favors including the promise of money or gifts.**  
e.g. does not promise rewards in return for closer personal relationships, does not foster relationships that maintain secrets or overly private encounters

Always	Usually	Seldom	Never	Unknown
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6. **This person refrains from activities that cause children, youth and/or vulnerable adults to feel uncomfortable.**  
e.g. does not invade the other person's space of comfort, does not participate in prolonged gazing or inappropriate grabbing or tickling, does not encourage relationships between others that makes them feel awkward or uncomfortable

Always	Usually	Seldom	Never	Unknown
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7. **This person, to my knowledge, is trustworthy and responsible.**

Always	Usually	Seldom	Never	Unknown
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8. **This person is able to set and maintain appropriate boundaries with children, youth and/or vulnerable adults, being the adult in all situations.**

Always	Usually	Seldom	Never	Unknown
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9. **This person is able to be in charge of a group of children, youth and/or vulnerable adults, giving direction, providing supervision and disciplining appropriately.**

Always	Usually	Seldom	Never	Unknown
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10. **If you were in our position, would you affirm this person as a volunteer with children, youth and/or vulnerable adults?**

I would with no reservations  
 I would with some reservation  
 I would not recommend this applicant

**If you chose a response other than "Always" for any of the above statements, please explain. If you chose "with reservation", please explain what those reservations are in the space provided. Also, please let us know if you have other information that may be helpful to our process. (You may provide comments on an additional sheet if more space is required.)**  
Comments:

Reference Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone # \_\_\_\_\_ Date: \_\_\_\_\_