

Conference Certification

Pastor/Program Staff Reference Form

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

This reference must be completed by a person who is not related to the applicant.
If the pastor is related to the applicant, the DS or another pastor can be used. The person
providing the reference must be able to assess the applicant's ability to supervise children and youth.
This reference must be completed by a pastor or a member of the program staff in a United Methodist Church.
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 years [] 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/or 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
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
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
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
7. This person, to my knowledge, is trustworthy and responsible.
Always Usually Seldom Never Unknown
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
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
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. 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: _____