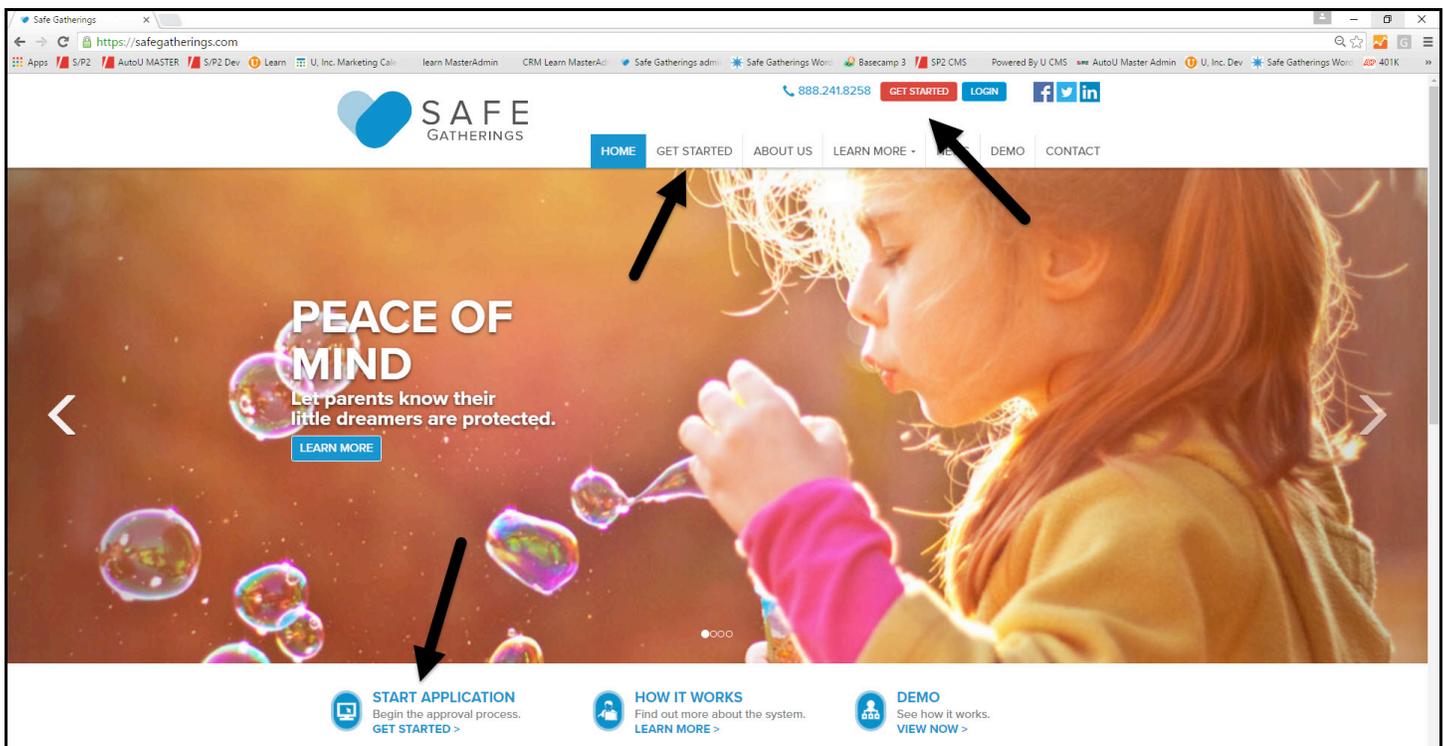


Instructions for Safe Gatherings Registration

Volunteers and Staff Members

Step 1: Go to [www.safegatherings.com](https://safegatherings.com) and click any of the links for "Get Started."



Step 2: Choose your Language Preference, Type of Organization (Church or Faith-Based Organization), Denomination, Country, and State. Then, start to type your church (In this example, A Mighty Fortress Lutheran Church). When you find your church, select it from the dropdown box. The city of Charlotte will autofill. (If you do not see your church on the list, please contact us at 888.241.8258.)

Then, fill in your First Name, Last Name, and Email. (Note: An email address is not required but is recommended to allow for password retrieval and approval notification. If you do not have an email, check the box that says "None.") If an email is provided, the form will automatically enter that email as your Username (you can modify the username).

Next, choose a Password and confirm the Password. Then, check the box that says "I'm not a robot" to verify your security. Then, click the "Next" button.



[Home](#)
[Login](#)
[Contact](#)

Register

Find your organization from the list below to begin your registration process. If you do not see your organization below, [contact us](#) or your parent organization, as you may be working with a group that has a private log in page.

Language Preference: ←

Choose Your Type of Organization: ←

To what denomination does your church or congregation belong?: ←

Select the country for your organization: ←

Select the state/province for your organization: ←

Please start typing your organization name and then select from the list of names provided in the list. If you don't see the name of your organization, please [contact us](#): ←

City in which your organization is located: ←

Note: Please use your full legal name as shown on your social security card or driver's license.

First Name:

Last Name:

Email: None

Username:
Username can include uppercase and lowercase letters, numbers, and special characters. You may use your email as your Username.

Password:
Password must be 8 characters, and include at least one letter, one number and one special character (such as \$ or # or @)

Confirm Password:

Please click box to verify your security:

I'm not a robot
 

reCAPTCHA
Privacy - Terms

Note: Please make a note of your username and password so you may log back into your Safe Gatherings account.

[Next](#)

Step 3: Complete the rest of the registration, answering every question.

There are 6 registration screens to complete.



[Home](#)
[Contact](#)
[Logout](#)

Registration

Thank you for applying for Safe Gatherings approval. The registration form takes just a few minutes to complete. All fields are required in order to apply, so please be sure to fill in each field on this form.

First Name:

Middle Name: None

Last Name:

Maiden Name: None

Aliases or Other Names Used: None

Preferred Name:

Applicant type:

[Next](#)

Personal Info: Your first name and last name will auto-fill based on the first registration screen. Fill out Middle Name, Maiden Name, and any Aliases to make sure the background check covers the correct person. The Preferred Name will automatically combine your first and last name unless you manually click on that field to enter information.

Applicant Type: Choose Volunteer or Staff Member.



Home Contact Logout

Registration

Thank you for applying for Safe Gatherings approval. The registration form takes just a few minutes to complete. All fields are required in order to apply, so please be sure to fill in each field on this form.

Home Phone - - None

Work Phone - - None

Mobile Phone - - None

Email None

Permanent Address:

Street

City

State

ZIP/Postal Code

Back Next

Contact Info: Please input all available phone numbers. Safe Gatherings keeps all data collected private. It is used solely for the purpose of screening and contact from Safe Gatherings as needed. If you've provided an email address, it will auto-fill from the first registration screen.

Permanent Address: This should be your current residence.



Home Contact Logout

Registration

Thank you for applying for Safe Gatherings approval. The registration form takes just a few minutes to complete. All fields are required in order to apply, so please be sure to fill in each field on this form.

Date of Birth

Gender Male Female

Social Security number - -

Primary Area of Ministry

Number of years attending

List all previous church work involving children/youth, or vulnerable adults (identify church and type of work)

Have you lived outside the state at any point over the last seven (7) years?
 Yes No

Back Next

Confidential Information: Date of Birth, Gender, and Social Security Number are required for background screening.

Next, fill out Primary Area of Ministry, Number of Years Attending, and list previous church work involving children, youth, or vulnerable adults. Finally, check "Yes" or "No" to the question regarding whether you've lived outside the state over the past 7 years.



Home Contact Logout

Registration

Thank you for applying for Safe Gatherings approval. The registration form takes just a few minutes to complete. All fields are required in order to apply, so please be sure to fill in each field on this form.

Complete the following questions. In the questions below, vulnerable adults include, but are not limited to, the elderly and any person who has a physical, mental, emotional, or development disability.

Have you ever been convicted of a crime? Yes No

Have you ever been convicted of sexual assault, rape, or sex crimes? Yes No

Have you ever been found guilty in any dependency action or domestic relations proceeding of abuse, assault, or exploitation of children, youth, or vulnerable adults? Yes No

Have you ever been accused of abuse, assault, or exploitation of children, youth, or vulnerable adults? Yes No

Has your driver's license been suspended or revoked within the last 7 years? Yes No

Have you ever resigned, been terminated or been asked to resign from a position, either paid or volunteer, due to complaint(s) of harassment or abuse? Yes No

Other than the above matters, are there any facts or circumstances involving you and your background that would call into question your being entrusted with the supervision, guidance and care of children, youth, or vulnerable adults? Yes No

Back Next

Questionnaire: Answer the questions truthfully and to the best of your knowledge. If you answer "Yes" to any of the questions, the form will ask you to provide additional information.



Home Contact Logout

Registration

Thank you for applying for Safe Gatherings approval. The registration form takes just a few minutes to complete. All fields are required in order to apply, so please be sure to fill in each field on this form.

Clergy Reference

Name

Email

Confirm Email

Phone - -

Professional Reference - must be over 18 and not related to you

Name

Email

Confirm Email

Phone - -

When choosing your references, please select a clergy reference and a professional reference that you have known long enough for them to have a good understanding of your character.

If you do not know a clergy member well, you may use a church staff member or a second professional reference. If you do so, you must fully explain why you are not using a clergy member as your clergy reference.

You may not use a family member as any of your references.

As a person in authority, it is my responsibility to refrain from any sexual contact with, respect the boundaries of, and prevent abuse of children, youth, and/or vulnerable adults in my care. I will follow all policies and practices recommended by Safe Gatherings and the organizations I serve regarding appropriate ways to serve children, youth and/or vulnerable adults in my care.

I certify that the information I have provided in my application is true and correct. By submitting this application, I hereby request and authorize Safe Gatherings to conduct background check(s) for the purpose of obtaining information necessary for the review of my application. I further agree that, in order to obtain honest personal references for my application, I waive my right to read the references and agree that they should remain confidential.

I understand and agree that Safe Gatherings will review my application based on the responses and information received. I authorize Safe Gatherings to share my application status, related information, and the approval or rejection of my application with my local church/congregation and/or the California-Pacific UMC Conference. I understand that if I am denied, I may be asked to terminate any current or future roles as one who interacts with children, youth, and/or vulnerable adults.

I have read and agree to the Safe Gatherings Terms of Service

Back Finish and Register

Reference Requests: Please input information for 2 people to be contacted via email to provide references on your behalf. One is for a clergy reference, and the other a lay or professional reference. Neither should be related to you.

Conditions/Terms of Service: Be sure to read and fully understand the conditions, as well as the Terms of Service as they are stated on the Safe Gatherings website.

Finally, click the "Finish and Register" button.

Disclosure and Authorization

DISCLOSURE: By submitting this application, I understand that Safe Gatherings may obtain information about me from a third party consumer reporting agency for the purpose of obtaining information necessary to make decisions about the approval of my application. I understand that this investigative consumer report may include information about my character, general reputation, personal characteristics, and or mode of living. These reports may contain information regarding criminal history, social security verification, motor vehicle records ("driving records"), or other background checks.

I understand that I have the right, upon written request made with a reasonable time after submitting my application, to request the nature and scope of any investigative consumer report conducted by Verity Screening Solutions, on behalf of Safe Gatherings, at PO BOX 860443, Shawnee, KS 66208-0443, 888-633-0792.

AUTHORIZATION: I further acknowledge reading and receipt of the "Summary of Your Rights Under the Fair Credit Reporting Act (FCRA)" and that I understand this Disclosure and Summary of Your Rights Under the Fair Credit Reporting Act document. I hereby authorize Safe Gatherings to obtain the investigative consumer report on me through the consumer reporting agency of its choice.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to my application, based entirely or in part on the information contained in the investigative consumer report prepared by a consumer reporting agency, I understand that I am entitled to receive a copy of that report upon written request and a disclosure of the nature and scope.

Under California Civil Code section 179B.22, you are entitled to find out what is in the investigative consumer report's (ICRA) file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. The ICRA may not charge you more than one actual copying cost for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is provided by or charged directly to you.
- By requesting a copy be sent to a specified address by certified mail, ICRA's complying with requests for certified mailings shall not be liable for disclosure to third parties caused by misrouting or mail after such mailing, take the ICRA's.

"Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and presence or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Please check this box if this would like to receive a copy of an investigative consumer report of my church area, as obtained by Safe Gatherings whenever you have a right to receive such a copy under the California law, and you must include your email address: _____

I understand and agree to the above.

I consent to be electronically receive this Fair Credit Reporting Act Disclosure and I can print a copy of this document or request a copy from Safe Gatherings, 1-888-243-6226, and to be electronically sign and submit this document to Safe Gatherings.

My typed name below shall have the same force and effect as my written signature

Applicant's Signature: _____ Date: Aug 30, 2015

[Change your email name](#)

[Print and Register](#)

Disclosure and Authorization: Read the Disclosure and Authorization information regarding the Fair Credit Reporting Act. Fill in the blanks/checkboxes at the bottom, including the Signature line.

Payment

Payment Amount
Safe Gatherings Training: \$35.00

Coupon Code [Apply](#)

Payment details:

Card Number

Expiration Date

Billing details: [View as registration information](#)

First Name:

Last Name:

Address:

City:

State:

ZIP/Postal Code:

Email:

Phone - -

[Pay](#)

Payment Option A:

You will see this screen if individuals pay for their own registration and training. After payment, you can click the "Continue" button to immediately access the online training, and your application will begin to be processed through Safe Gatherings.

Payment

Payment for your Safe Gatherings training has been provided by

[Continue](#)

Payment Option B:

You will see this screen if your church has chosen to pay the application fee for its applicants. You can click the "Continue" button to immediately access the online training, and your application will begin to be processed through Safe Gatherings.

Step 4: Application Status Dashboard and Training Gateway

SAFE GATHERINGS

Home Contact Logout

Welcome to Safe Gatherings

Thank you for applying for Safe Gatherings. Your information has been submitted for review and background checks. Please click the button below to proceed to the online training course. You have the ability to log out at any time and to log back in using your username and password at www.safegatherings.com.

Application Status

Status		
Application (Update Profile)	Pending	🔄
Payment	Received	✅
Course Completion	Not Completed	🔄
Lay Reference	Not Received View/Change Reference	🔄
Clergy/Superintendent Reference	Not Received View/Change Reference	🔄
Background Check	Pending	🔄

[Click here for Training Course](#)

This screen is your application status dashboard. It shows the status of your application and is also your gateway to the training course. You may login to your account at any time to view your current status.

To begin your training, click the blue button at the bottom of the page that says, "Click here for Training Course."

Thank you for using Safe Gatherings, and for your service!