Montview Boulevard Presbyterian Church
Safe Sanctuary & Sexual Offenders Policies
Church Officers, and Volunteers

It is our intention as a community of faith to hold all of our representatives to the highest standards of conduct becoming to a Christian. For this church that means specifically:

1. Montview holds a “zero tolerance” policy for sexual harassment, abuse or sexual misconduct which impacts or potentially impacts members of the Montview community; and requires anyone who has knowledge or suspicion of abuse or sexual misconduct by a representative of the church to report it to Denver Human Services and the Montview Executive Staff, Leadership Staff or Personnel Committee. Any such report will be taken with utter seriousness and thoroughly investigated.

2. All who desire to serve as a church officer or volunteer, including all who meet the criteria in this policy, are asked to familiarize themselves with the Safe Sanctuary & Sexual Offenders Policies and to fill out the following Disclosure Statement.

3. Training for all new volunteers will include a review of the Safe Sanctuary & Sexual Offenders Policies. Annual retraining is also required.

4. Background checks will be completed on all volunteers who meet the eligibility criteria in the Safe Sanctuary Policy. The results of these background checks are considered to be confidential information and will be securely stored. Access will be limited to Executive Staff, Leadership Staff, and any support staff who are assigned to the task of completing the background checks.

Disclosure Statement

Completed by __________________________________
Printed name

I certify that no civil, criminal, or ecclesiastical complaint has ever been sustained or is pending against me for abuse or sexual misconduct.

__________________________________________  ________________
Signed                                      Date

I have never resigned or been terminated from a position, paid or volunteer, for reasons related to abuse or sexual misconduct.

__________________________________________  ________________
Signed                                      Date

I have never been required to receive professional treatment for reasons related to abuse or sexual misconduct on my part.

__________________________________________  ________________
Signed                                      Date

NOTE: If you are unable to make the above certification you may instead give a written description of the complaint, termination, or course of treatment you have been involved in, giving dates, names and addresses of employers or physicians, the outcome of the situation, and any explanatory comments you wish to add. You may be asked to authorize the church to make inquiries of those you have cited.