Safe Sanctuary Quiz 2016-2017

Date _____

1.	Our Ab	use Prevention Policy is intended to	protect		
	0	Our children and youth	0	Our volunteers	
	0	Our church	0	All of the above	
2.	Regular workers need to complete paperwork and training each ministry year and be background checked				
	0	1 year	0	2 years	
	0	3 years	0	5 years	
3.	We hav	Ne have two options for obtaining a background check. They are			
	O Protect My Ministry and the Maryland State Police			olice	
	0	,			
	0	Protect My Ministry and the FBI			
	0	Volunteer Central and the FBI			
4.	Youth helpers are an important part of our ministry. However, they must NEVER be left alone with a c				
	youth. Which of the following is NOT true				
		O Youth need to complete the Participation Covenant			
		Youth need to attend training			
	0	6			
	O Their mother can write a recommendation for them				
5.	Wesley Freedom uses a two Adult Rule. Which of the following is NOT an exception to the rule				
	0	Emergency			
	0	Saw a friend and left my classroom			
		Window in door or open door and h		•	
	O Window in door or open door for a short time				
6.	6. There are guidelines for signing children and youth in and out of classes and activities. Which of the foll				
	does not apply O It is recommended that youth sign themselves in for all activities				
	0	permission form)	is need to b	e signed in teither by parent or as designated on	
7	permission form) 7. The recommended adult-to –child ratio for Infants and toddlers is				
7.	0	1 adult to 5 students	0	1 adult to 7 students	
	0	1 adult to 3 students	0	1 adult to 2 students	
8	_	commended adult-to-child ratio for N	_		
0.		1 adult to 3 students	0	1 adult to 7 students	
	0	1 adult to 5 students	0	1 adult to 8 students	
9.	Which	of the following statements regardin	_		
	O Some physical contact is appropriate and needed				
	O It should take place in an appropriate place and manner				
		It is appropriate especially if child/y	•		
	0	All of the above			
10.	We follow a reporting protocol that follows both and				
11.	We follow a reporting protocol that follows both and I am aware that guide lines for Cyber Safety will be added to the Safe Sanctuary Policy and that I will receive				
printed information and training please initial					
My signature below signifies that I have read and reviewed the training and that I understand that there may be additional training					
and revi	iew requi	red prior to specific ministries.			
Printed Name					
······································					
Signature					