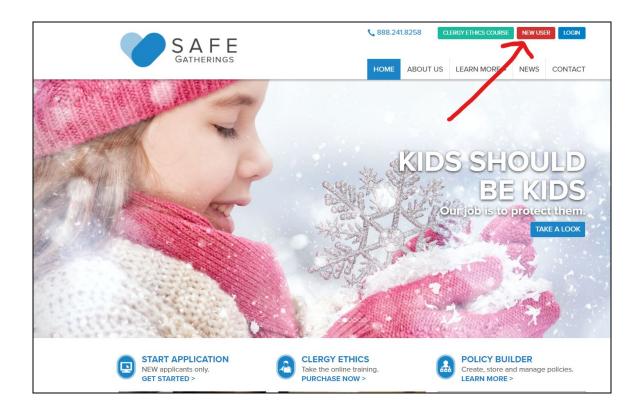


# **Instructions for Safe Gatherings Registration**

Applicants

**Before you begin, please note:** In this process, you will be filling in personal information, including previous work involving children, youth, or vulnerable adults. Also, you will be submitting two references (supervisor, clergy, professional) **that are not related to you**. Safe Gatherings will need contact information for these references (email and phone number). To speed up the process, please have this information ready before you begin. Please call us with any questions at 888.241.8258.

**Step 1:** Go to safegatherings.com and click on the red "New User" button at the top.



**Step 2:** After clicking New User, you will get a confirmation screen. As a new applicant, click on the red Sign Up button.

SAFE GATHERINGS		Home Contact
Login	New Safe Gatherings Application? Sign Up	$\leftarrow$
	Already have an account? Login	
	Login Ecrool your username Ecrool your cassword	
	Clergy Ethics Course Only lot sure? Contact us at 888.241.82	58.

**Step 3:** Choose your Language Preference, Type of Organization, Denomination, Country and State.

SAFE		Home Login Contact
Register		
Before you begin, please note: In this process, you vulnerable adults. Also, you will be submitting two refer contact information for these references (email and pho call us with any questions at 888.241.8258.	ences (supervisor, clergy, professional) that are n	ot related to you. Safe Gatherings will need
Language Preference:	English	~
Choose Your Type of Organization:	Select Organization Type	~
Select the country for your organization:	United States	~
Select the state/province for your organization:	Select State/Province	~
	Next	

After selecting your state, another part of the form will appear where you will start typing your organization name.

Select the state/province for your organization:	Iowa 🗸
Type the most UNIQUE part of your organization name, then select from the list of names in the dropdown.	Examples: If your church name is First UMC of Smithville, type Smithville. If your organization is St. Francis of the Sea, type Francis.
City in which your organization is located:	Still can't find your organization? <u>Contact us.</u>
	Next

Type the most unique part of your organization name as directed in the example. The name should appear in the dropdown box, and the city will autofill. If you cannot find your organization, please call Safe Gatherings at 888.241.8258.

**Step 4:** Then, fill in your First Name, Last Name, Date of Birth 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 the 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.

SAFE	Home Login Contact
Register	
Note: Please use your full legal name as shown on your so First Name	cial security card or driver's license.
Last Name	
Date of Birth	Month
Email	None
Username	Susan Username can include uppercase and lowercase letters, numbers, and special characters.
Password	Voername can include uppercase and lowercase letters, numbers, and special characters. You may use your email as your Username.
	Password must be 9 to 24 characters, and include at least one uppercase letter and one number
Confirm Password	
	Please click box to verify your security:
	I'm not a robot
	Note: Please make a note of your username and password so you may log back into your Safe Gatherings account.
	Next

**Step 5:** Complete the rest of the registration, answering every question.

There are 7 registration screens to complete.

Registration First Name Middle Name Last Name Malden Name	Intre
Middle Name Last Name	
Last Name	
Maiden Name	
	None
liases or Other Names Used	None
Preferred Name	
pplicant type	Candidate for Ministry
	O Church Staff
	Clergy Member
	O Lay Person
	O Scouts
	O Other

**Personal Info:** Your first name and last name will autofill 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 one.

**Driving?** Depending on your organization, you may see a check box that offers a DMV check. Note: There is an extra fee for this option, so only check this box if you are transporting people *as part of your role*.



**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.

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

Next, fill out Primary Area of Ministry or Service, Number of Years Attending (for church/faith-based applicants), and list previous work involving children, youth, or vulnerable adults. Finally, check "Yes" or "No" to the questions regarding whether you've lived outside the state over the past 7 years and whether you have regularly attended any other churches during the past 5 years (some church/faith-based applicants).

	Cont	act Locout
Registration		
Complete the following questions Have you ever been convicted of any crime against children or other persons?	O Yes	O No
Have you ever been convicted of rape?	⊖ Yes	© No
Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?	Yes	O No
Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor?	O Yes	O No
Have you ever been accused in the past of abuse of a minor, vulnerable adult, or developmentally disabled person?	⊖ Yes	O No
Have you ever been convicted of the possession, use or sale of drugs within the last 5 years?	O Yes	O No
Has your driver's license been suspended or revoked within the last 5 years?	⊖ Yes	O No
Are you currently involved in any court proceedings involving charges related to sexual or physical abuse of a minor, vulnerable adult, or developmentally disabled person?	O Yes	O No
Have you ever resigned, been terminated or been asked to resign from a position, either paid or volunteer, due to complaint(s) of physical or sexual abuse?	⊖ Yes	0 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, young people, vulnerable adults, or developmentally disabled persons?	⊖ Yes	O 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.



**Reference Requests:** Please input information for 2 people to be contacted via email to provide references on your behalf. Depending on your organization, this may be a clergy member or professional reference. Neither should be related to you, and you must have known these people for at least 1-2 years.

Then, check the boxes at the bottom to agree with the statements.



**Disclosure:** Read the Disclosure information regarding your understanding of the information you are submitting and your right to request your background report. Click "Next" to move on.



SAFE

Apply

ant details: VISA 🥌 👐

¥ 2019 ¥

Card Number

Billing details:

Last Name Address:

ZIP/Postal Co

City:

 when une coupon code provided by your organization or enter your credit card information bel has begun processing your application. If you are experiencing technical problems, have questions are call us at 888-241-8258. **Authorization:** Acknowledge your receipt of information regarding the Fair Credit Reporting Act and your understanding of the process of authorizing a consumer report. Click the check boxes and fill in the blank with your typed signature. Then click "Finish and Register."

### **Payment:**

If your organization requires applicants to pay for their registration, you will be prompted to pay via credit card. After payment, you will be able to access the training.

Your organization may have chosen to pay the application fee for its applicants. If so, you can click the "Continue" button to immediately access the online training, and your application will begin to be processed through Safe Gatherings.

### Step 6: Application Status Dashboard and Training Gateway

This screen 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." You will have access to the training for one year after your application has been submitted.

S G	AFE		Home	Go To Admin	Contact	Logout
Welcome to	Safe Gatherings					
	for Safe Gatherings. Your information has been s ourse. You have the ability to log out at any time s Susan Test		rname and			
		Status				
	Application (Update Profile/ View Profile)	Pending		Ċ		
	Payment	Received		<b>~</b>		
	Safe Gatherings Training Course	Not Completed		Ċ		
	Lay Reference	Not Received View/Change R	eference	Ċ		
	Clergy/Superintendent Reference	Not Received View/Change F	Reference	Ċ		
	Disclosure Form	View				
	Authorization Form	View				
	<u>Click h</u>	ere for Training Course				

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

## Questions? Call us at 888.241.8258!