



Instructions for Safe Gatherings Registration

Applicants

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




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 2: Choose your Language Preference, Type of Organization, Denomination (if a church or faith-based applicant), Country, and State. Then, start to type part of the organization you are applying with. 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.

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



HomeLoginContact

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:

English

←-----

Choose Your Type of Organization:

Church or Faith-Based Organization

←-----

To what denomination does your church or congregation belong?

Non-Denominational/Other

←-----

Select the country for your organization:

United States

←-----

Select the state/province for your organization:

California

←-----

Please start typing any part of your organization name that is unique 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

Date of Birth

Month

Day

Year

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 9 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

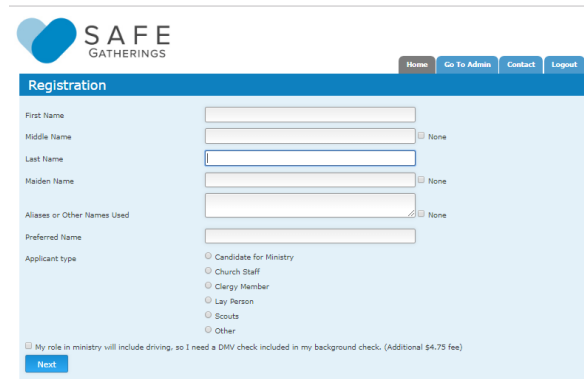

reCAPTCHA
Privacy - Terms

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 7 registration screens to complete.

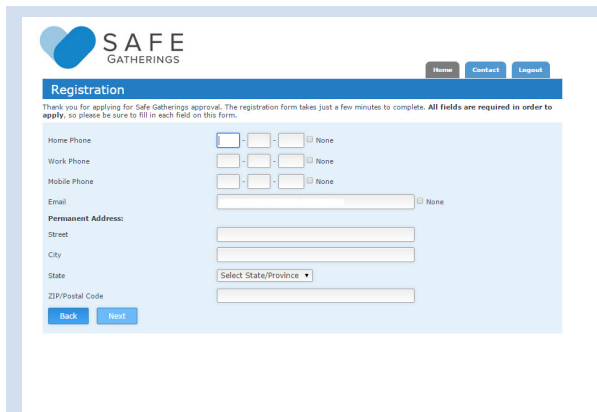


The first registration screen for SAFE GATHERINGS. It includes a header with the logo and navigation links (Home, Go To Admin, Contact, Logout). The form fields are: First Name, Middle Name (with a 'None' link), Last Name, Maiden Name (with a 'None' link), Aliases or Other Names Used (with a 'None' link), Preferred Name, and Applicant type (radio buttons for Candidate for Ministry, Church Staff, Clergy Member, Lay Person, Scouts, and Other). A checkbox at the bottom asks if the user's role includes driving, with a note about a \$4.75 fee. A 'Next' button is at the bottom left.

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 one.

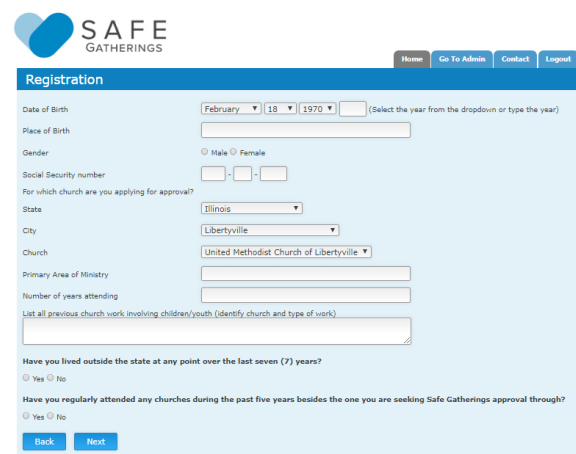
Driving? Depending on your organization, you may see a check box that offers a DMV check. Note: There is an extra fee for this option, so only check this box if you are transporting people *as part of your role*.



The second registration screen for SAFE GATHERINGS. It includes a header with the logo and navigation links (Home, Contact, Logout). The form fields are: Home Phone, Work Phone, Mobile Phone (each with a 'None' link), Email (with a 'None' link), Permanent Address (Street, City, State dropdown, ZIP/Postal Code), and a 'Back' button. A 'Next' button is at the bottom right.

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.



The third registration screen for SAFE GATHERINGS. It includes a header with the logo and navigation links (Home, Go To Admin, Contact, Logout). The form fields are: Date of Birth (Month dropdown, Day dropdown, Year dropdown), Place of Birth, Gender (radio buttons for Male and Female), Social Security number, For which church are you applying for approval? (State dropdown, City dropdown, Church dropdown), Primary Area of Ministry, Number of years attending, List all previous church work involving children/youth (identify church and type of work), Have you lived outside the state at any point over the last seven (7) years? (radio buttons for Yes and No), and Have you regularly attended any churches during the past five years besides the one you are seeking Safe Gatherings approval through? (radio buttons for Yes and No). 'Back' and 'Next' buttons are at the bottom.

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/fait-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/fait-based applicants).



[Home](#) [Go To Admin](#) [Contact](#) [Logout](#)

Registration

Complete the following questions

- Have you ever been convicted of any crime against children or other persons? ☐ Yes ☐ 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 ☐ 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? ☐ Yes ☐ No
- Have you ever been accused in the past of abuse of a minor, vulnerable adult, or developmentally disabled person? ☐ Yes ☐ No
- Have you ever been convicted of the possession, use or sale of drugs within the last 5 years? ☐ Yes ☐ No
- Has your driver's license been suspended or revoked within the last 5 years? ☐ Yes ☐ 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? ☐ 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 physical or sexual 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, young people, vulnerable adults, or developmentally disabled persons? ☐ 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 - -

When choosing your references, please select a clergy reference and a professional reference that you have known at least one year 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.

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

Name

Email

Confirm Email

Phone - -

- 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 organization(s) 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. 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 denominational hierarchy to which my church/congregation reports. 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](#) [Next](#)

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.



[Home](#) [Go To Admin](#) [Contact](#) [Logout](#)

Disclosure Regarding Background Investigation

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 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 within a reasonable time after submitting my application, to request the nature and scope of any consumer report conducted by Trusted Employees, on behalf of Safe Gatherings, 761 Fifth St. South, Hopkins, MN 55343, 952-239-0240.

[Next](#)

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.



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

Authorization

AUTHORIZATION: I have read and understand the foregoing Disclosure, "Summary of Your Rights Under The Fair Credit Reporting Act (FCRA)" and authorize Safe Gatherings to obtain and rely upon consumer reports concerning me obtained from IntelliComp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

Under California Civil Code section 1786.22, you are entitled to find out what is in the 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 the actual copying costs 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 covered 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 disclosing to third parties caused by misaddressing of mail after such mailings leave 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 personal 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 to such person's presence.

- ☐ Please check this box if you would like to receive a copy of an consumer report at no charge if one is 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 (a) to electronically receive this Fair Credit Reporting Act Disclosure and I can print a copy of this document or request a copy from Safe Gatherings, 1-888-241-4236; and (b) to electronically sign and submit this document to Safe Gatherings.

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


Printed Name: Susan Test

Applicant's Signature: _____ Date: May 2, 2019

Change your legal name

[Finish and Register](#)

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.”




SAFE GATHERINGS

Home Contact Logout

Payment

Payment Amount: \$45.00
 Safe Gatherings Training: \$45.00
 Please either enter the coupon code provided by your organization or enter your credit card information below. Refunds will not be offered once Safe Gatherings has begun processing your application. If you are experiencing technical problems, have questions, or believe your application was processed in error, please call us at 888-241-8258.

Coupon Code: [Apply](#)

Payment details: 

Card Number:
 Expiration Date:
 CVV:

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

First Name:
 Last Name:
 Address:
 City:
 Country:
 State:
 ZIP/Postal Code:
 Email:
 Phone:


[Pay](#)

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 4: Application Status Dashboard and Training Gateway








SAFE GATHERINGS

Home Go To Admin 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.

Susan Test - Application Status

	Status	
Application (Update Profile / View Profile)	Pending	
Payment	Received	
Safe Gatherings Training Course	Not Completed	
Lay Reference	Not Received View/Change Reference	
Clergy/Superintendent Reference	Not Received View/Change Reference	
Disclosure Form	View	
Authorization Form	View	

[Click here for Training Course](#)

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.

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

Questions? Call us at 888.241.8258!