



# F I R S T UNITARIAN UNIVERSALIST SOCIETY OF SYRACUSE

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109 Waring Road • Syracuse, New York 13224-2294 • (315) 446-5940

## **Limited Access Agreement (Example)**

First Unitarian Universalist Society of Syracuse (First UU) is committed to affirming and defending the dignity and worth of all persons. We are committed to being a faith community open to all who wish to worship with us, guided by our principles and committed to our mission and covenant. At the same time, your status as a “level \_\_\_ sex offender” raises concerns about your contact with our congregation’s children, youth, and families with children. This Limited Access Agreement is designed to reduce the risk to our congregation of a sexual offense, and to you of an accusation.

We, the leadership of First UU, welcome you into our congregation with limitations on your participation and areas of access (out of our concern for our children and youth).

You are welcome and encouraged to participate in adult worship services, coffee hour, adult committee meetings, adult education, all adult-focused social events – provided that you avoid all contact with children on First UU property, and elsewhere at congregation-sponsored events. Avoiding contact includes, but is not limited to:

1. Not talking with children.
2. Not volunteering or agreeing to lead, chaperone or participate in events for children and youth, including such things as LifeSpan Faith Development (LFD) classes, stories or lessons, youth group events, intergenerational events, driving or otherwise transporting children and/or youth.
3. Not being in the LFD classrooms when children or youth are present for any reason.
4. Not being in the presence of children or in a restroom at First UU unless you are accompanied by an adult member of First UU who is aware of this Limited Access Agreement.
5. If you are attending a function at which others are wearing name tags, you will do likewise.
6. If a child of the congregation approaches you, you will politely and immediately excuse yourself from the situation.

In addition, we ask that you not knowingly accept rides from, or visit the homes of, congregation families where children are likely to be present.

By signing this Limited Access Agreement:

A. You accept that the congregation, specific people, and/or organizations that use the First UU building/facility, may be told of your history as a sex offender, in order for them to reduce perceived risk to the children and young people who attend, visit, or are members of First UU.

B. You also give permission for the Minister, LFDD or someone acting at their request, to speak with your treatment provider(s) in order to better plan for your involvement at First UU.

I have reviewed this agreement and agree to abide by its provisions. I understand and agree that if I violate this agreement, I will not be welcome at First UU, and will be denied access to First UU's building and grounds, and to future First UU functions.

I understand that First UU and I may mutually agree to review this contract from time to time. Notwithstanding, this contract, or a signed revision of it, will remain in effect for an indefinite period.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Society President: \_\_\_\_\_ Date: \_\_\_\_\_

Minister: \_\_\_\_\_ Date: \_\_\_\_\_

LFD Director: \_\_\_\_\_ Date: \_\_\_\_\_

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I, (print name) \_\_\_\_\_, hereby specifically release and authorize my treatment provider(s) to speak with First Unitarian Universalist Society of Syracuse's Minister, Lifespan Faith Development Director, or someone acting at their request, without separate or further release. Notwithstanding, if any such further release is required, I will provide it upon request.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_

\* Contact information for all correctional and treatment providers. These include, but are not limited to:

**Please provide name (s) and phone numbers:**

**Parole/Probation Officer:**

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**Physicians/Therapist(s):**

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**Social Worker(s):**

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