

Name _____

Safety Ministry Team Concealed Carry Weapon Policy – Signoffs

Prerequisite Review Checklist:

☐ SMT Application Form): Date: _____ ☐ Initial Interview conducted: Date: _____

☐ Passed Original Background Check: Date: _____

Date Completed _____ SMT Leader(s) _____

1. Prior to applying for SMT CCW approval, the candidate should have one-year experience serving on the SMT, to determine the demeanor and character of the candidate, active Law Enforcement Officers (LEO) or a retired LEOs (RLEO) are exempt. At the discretion of the SMT Team Leaders, the one-year period may be shortened, based on the qualifications of the candidate *(include information / justification on back of form or attach additional pages)*

Date Completed _____ SMT Leader(s) _____

2. A CCW interview with vetting team—SMT Leaders, one LEO or RLEO, and other team member(s)
 - a. Focus on temperament and personality as well as verbal, observation, de-escalation, and firearms proficiency skills
 - b. A second background check will be done (if not completed within the previous 12 months).

Date Completed _____ SMT Leader(s) _____

3. Person desiring authorization to carry concealed must complete:
 - a. An 8-hour CCW class which includes gun safety, situational awareness, threat avoidance, legal aspects of force, defensive shooting skills, and firing accuracy, etc. conducted by a Certified Instructor, LEO, or an Academy. Or, other documented training based on the qualifications of the candidate (approved by the SMT vetting team).
 - b. Must pass the “Firearms Safety and Shooting Skills Review” ☐ Date Completed: _____

Date Completed _____ SMT Leader(s) _____

4. Completion interview - with vetting team—SMT Leader(s), one LEO or RLEO, an Elder, and other team members.
 - a. Final review of temperament and personality appropriateness and commitment
 - b. Level of responsibility that armed security brings
 - c. Discussion of suggested Defensive Gun Use Liability insurance policy (\$250,000 Minimum Coverage)
 - d. Approval of type of weapon(s) authorized to carry, holster(s), and defensive ammunition to be used
 - e. Authorization will be for 3 years and will then need re-approval by vetting team.
 - f. The re-authorization will be required every three years.
 - g. Authorization can be revoked immediately by SMT Leaders or a Pastor, if:
 - i. Universal firearm safety rules are not followed
 - ii. Inappropriate gun use is observed, brandishing, showing off, not keeping concealed, joking about gun or gun misuse
 - iii. Behavior issues such as observed anger, hostility, threatening, etc.
 - iv. Change in physical ability such as stroke, loss of hearing, eyesight, etc.

5. The SMT Team Leaders and vetting team have authorized the applicant for CCW. This approval of the vetting team will constitute permission to carry a CCW, unless the Elder Council objects. The applicant’s name will be forwarded to the Church Elder Council. If the Elder Council objects, authorization is withdrawn (once the applicant is notified), and an Elder will inform SMT Leaders and meet personally with the candidate to communicate reasons for their objection. If remedial measures are possible to overcome objections, a remedial action plan will be developed by the Elder(s) in coordination with the GSMT Leaders. If the remedial action plan is successfully completed and documented, the SMT member may resume the vetting process or authorization

☐ CCW Applicant’s name forwarded to Elder(s):

Date Authorized: _____ SMT Leader(s) _____

SMT AUTHORIZATION TO CARRY CONCEALED WEAPONS

I, _____, desire to carry a concealed weapon as part of my duties as a member of the Safety Ministry Team. I certify that I have met all the requirements for SMT conceal carry and have truthfully provided documentation to validate all required training.

I understand that this authorization can be revoked by the SMT Leader(s) or Pastors at any time due to firearm safety infractions, inappropriate gun use, handling, failure to keep gun concealed, or any objective evidence of unbiblical behavior or personal conduct (such as displayed anger, hostility, threatening, etc.)

My authorization will be for 3 years beginning on _____. Expires _____.

Model(s) of gun authorized to carry: _____ Caliber: _____
_____ Caliber: _____
_____ Caliber: _____

Holster(s) authorized to use: _____ Ammo type: _____
_____ Ammo type: _____
_____ Ammo type: _____

Personal Defensive Firearm Liability insurance is strongly suggested.

Policy—Company _____ Number _____ Exp Date _____
(Policy documentation on file. Recommended coverage minimum \$250,000)

Concealed Carry License Number _____ Exp Date _____
(Copy of CCL on file)

Signed: _____ Date _____

Vetting team approving CCW applicant:

SMT Leader(s) _____

SMT LEO (RLEO) Member _____

Elder(s) _____

GSMT Member(s) _____

GSMT Member(s) _____