OUTSIDE ORGANIZATION LEADERS RELEASE FORM

Name of Outside Organization

By signing this as an authorized representative, I verify that the above named organization:

____ received the Safe Sanctuary Policy

____ reviewed the Safe Sanctuary Policy

AND

____ confirms its agreement to follow this policy

ALSO

____ is governed by child abuse/sexual misconduct policies and procedures that are at least as restrictive as those governing the programs of the Church.

AND

____ confirms the expectation that the organization will inform the Church of any allegations of abuse or sexual misconduct.

Printed Name of Authorized Representative

Signature of Authorized Representative  Date