

Safe Sanctuary Policy Training Verification Form

1. I will observe the Church guidelines stated in the Safe Sanctuary Policy when working with children and youth.

_____ Yes _____ No

2. Have you ever been convicted of or pleaded guilty or no contest to a crime?

_____ Yes _____ No

If yes, please explain. _____

Date _____

Printed Name of Volunteer _____

Signature of Volunteer _____

Policy Training

By signing this form I verify that I provided training on the Safe Sanctuary Policy of the First Presbyterian Church of Arlington Heights.

Date _____

Printed Name of Trainer _____

Signature of Trainer _____
