

SAFE SANCTUARY ACCOUNTABILITY FORM

As required by the Safe Sanctuary Policy of the Indiana Annual Conference, all volunteers working in direct contact with children and youth will have a completed a current background check and Safe Sanctuary training in order to participate with Student Leadership Academy.

By signing this form, I acknowledge an understanding of the Safe Sanctuary guidelines and assure that I have met the requirements of being a Certified Safe Sanctuary Worker with Children and Youth. I have received confirmation from my local congregation that the Safe Sanctuary Checklist or equivalent process (application complete, references checked, criminal history checked, Safe Sanctuary training, and applicant recommendation) is completed for the year 2018.

Today's Date: _____

Signature: _____

Print Name: _____

Phone (with area code): _____

E-mail: _____

Complete mailing address: _____

Your Church Information:

Pastor's Name: _____

Church Name: _____

City: _____

District: _____