

Safe Sanctuary Policy Training Verification Form

To Be Completed by Volunteer/Employee

By signing this form, I agree to observe the Church guidelines stated in the Safe Sanctuary Policy when working with children and youth.

Date _____

Printed Name of Volunteer _____

Signature of Volunteer _____

To Be Completed by Trainer

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

Date _____

Printed Name of Trainer _____

Signature of Trainer _____