

Appendix A: Sample Forms

Sample Forms

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Indemnity Statement

Praesidium provides Sample Policies and Procedures to assist in the prevention of organizational abuse. However, it must be noted that no system can guarantee prevention of abuse. This information is not legal advice, either expressed or implied. Consultation with qualified legal counsel is recommended.

When all recommendations are implemented and maintained, a risk for abuse continues to exist, as the problem of abuse is pervasive and no system to date can assure complete safety.

Accordingly, **PRAESIDIUM MAKES NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE AND MERCHANTABILITY, REGARDING THE SUCCESS OR FAILURE OF THE PRAESIDIUM SAMPLE POLICIES AND PROCEDURES IN PREVENTING OR REDUCING THE INCIDENCE OF ABUSE**

THESE POLICIES CONTAIN MODEL LANGUAGE BUT SHOULD BE REVIEWED BY LEGAL COUNSEL PRIOR TO USE TO ENSURE COMPLIANCE WITH LOCAL, STATE, AND FEDERAL LAW

Sample Application for Employees and High-Access Volunteers

Please consult legal counsel regarding employment laws in your area before using this application.

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone: Home _____

Work _____

How long have you lived at the current address: _____

Driver License: State Issued: _____

Number: _____

Have you previously worked for or volunteered at (CHURCH NAME)? Yes No

If yes, please complete the following. Dates: ___/___/___ to ___/___/___

Position: _____

Please list all your addresses in the past seven (7) years:

What position are you applying for?

What interests you about this position?

Tell us about your work experience. How does your experience make you a good fit for this position?

What do you like most about your current job?

What do you least enjoy about your current job?

COMPLETE IF APPLYING TO WORK WITH MINORS or VULNERABLE ADULTS

Why do you want to work with _____?

What age group or gender do you prefer to work with? Why?

*What is your philosophy about discipline?

What do you do when you are upset or angry about something?

Outside of employment, how are you involved with _____ (children or vulnerable adults)?

List the 3 strengths and the 3 challenges you have in working with _____ (children or vulnerable adults):

STRENGTHS

1. _
2. _
3. _

CHALLENGES

1. _
2. _
3. _

Employment History

Dates of Employment (Start with most recent)	Company Name and Address (City, State Zip)	Immediate Supervisor Name and Phone Number	Position Held	Reason for Leaving Position
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

Educational history

School Name	(City, State Zip)	Type of School	Name of Program or Degree	Program completed?

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References: Please provide a minimum of three references, including at least two professional references (including previous employers and/or co-workers, and at least one personal reference).

Reference Name	Address (City, State, Zip)	Best Phone Number to Reach Reference	Email Address	How long have you known this person?	Has this person agreed to provide a reference?
Professional/Civic					
Professional/Civic					
Personal					
Personal					
Family Member					

Volunteer experience

Please list your volunteer experiences (use back if needed.)

Organization	Duties	Dates	Contact Person	Phone

(CHURCH NAME) appreciates your willingness to share your skills. Providing safe and secure programs for our church community is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community.

(CHURCH NAME) has **zero tolerance** for abuse and will not tolerate the mistreatment or abuse of minors or vulnerable adults in its programs. Any mistreatment or abuse by an employee or volunteer will result in disciplinary action, up to and including termination of employment or volunteer service and cooperation with law enforcement.

(CHURCH NAME) takes every allegation of abuse or misconduct seriously and will fully cooperate with the authorities to investigate all cases of alleged abuse or misconduct. Employees and volunteers shall cooperate with any external investigation by outside authorities or internal investigation conducted by (CHURCH NAME) or persons given investigative authority by (CHURCH NAME)

An employee or volunteer's failure to cooperate with an investigation will result in disciplinary action up to and including termination of employment or dismissal from the organization. Leaving employment or volunteer duties does not have any influence in the completion of an internal or external investigation.

Code of Ethics

- Our staff and volunteers will exhibit the highest ethical best practices and personal integrity.
- Our staff and volunteers will provide a professional work environment that is free from physical, psychological, written, or verbal intimidation or harassment.
- Our staff and volunteers will not physically, sexually, or emotionally abuse or neglect a youth or adult.
- Our staff and volunteers will share concerns about suspicious or inappropriate behavior with their supervisor or administrator.
- Our staff and volunteers will report any suspected abuse or neglect of a youth to the state authorities.
- Our staff and volunteers will accept their personal responsibility to protect youth and adults from all forms of abuse.

Please initial each of the statements below.

- *I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my position.*
- *I understand that I can withdraw from the application process at any time.*
- *My signature indicates that I have read and understand the above. **Do not sign until you have read and initialed the above statements.***

Applicant Signature:

Date: ____/____/____

I have reviewed this application and have noted any missing information.

Signature of Screening Manager

Date

/ /

Sample Professional Reference Form

Name of Applicant: _____

Date: _____

Name of Reference: _____

Address: _____

Phone Number: _____

Email Address: _____

Interviewer Name: _____

Hello, my name is [your first and last name] with [CHURCH NAME]. [Applicant's name] applied for a position with us and said you might be able to tell us about their previous work with (group being served) . Is this a good time for you to talk with me? I would like to start by letting you know that the applicant has applied for a position working with (group being served), so it is extremely important for us to make sure that every applicant is suitable for this type of position. I appreciate your help with this.

1. How long have you known the applicant?
2. How do you know the applicant?
3. How would you rate the applicant's ability to learn new information and skills?

___ Above satisfactory ___ Satisfactory ___ Below satisfactory

a. Can you give me an example of when the applicant was able to learn something new and use it in their work?

4. We are looking for someone who will adhere to the best practices of our church. How would you rate the applicant's ability to follow policies and procedures?

___ Above satisfactory ___ Satisfactory ___ Below satisfactory

5. How would you rate the applicant's ability to work with and relate to other adults?

___ Above satisfactory ___ Satisfactory ___ Below satisfactory

6. How would you rate the applicant's ability to use good judgment in stressful conditions?

___ Above satisfactory ___ Satisfactory ___ Below satisfactory

a. Can you give me an example of when the applicant used good judgment?

7. Have you observed the applicant interacting with (minors or vulnerable adults)?

___Yes ___No

a. If yes, how would you rate the applicant's ability to relate to (minors or vulnerable adults)?

___Above satisfactory ___Satisfactory ___Below satisfactory

b. Describe the applicant's interactions with (minors or vulnerable adults).

8. How would you rate the applicant's ability to maintain appropriate boundaries with minors or vulnerable adults (bends the rules for consumers, violates policies, acts more like a peer than a professional, engages with consumers on social media/text or outside of programming)?

___Above satisfactory ___Satisfactory ___Below satisfactory

9. Have you observed the applicant not working well with (minors or vulnerable adults) (*becoming frustrated, angry, resentful, etc.*)? If so, please give an example.

10. Are you aware of any reason why we should not allow the applicant to work with the (minors or vulnerable adults) we serve?

11. Do you have any additional comments or questions?

Thank you very much for your time.

Signature of Interviewer

____/____/____
Date

Sample Personal Reference Form

Name of Applicant: _____

Date: _____

Name of Reference: _____

Address: _____

Phone Numbers: _____

Email Address: _____

Interviewer Name: _____

Hello, my name is [your first and last name] with [insert your organization's name]. [Applicant's name] applied for a position with us and said you might be able to tell us about their previous work with consumers. Is this a good time for you to talk with me? I would like to start by letting you know that the applicant has applied for a position working with consumers, so it is extremely important for us to make sure that every applicant is suitable for this type of position. I appreciate your help with this.

1. How long have you known the applicant? _____
2. How do you know the applicant? _____
3. Have you observed the applicant interacting with consumers?

___Yes ___No

4. How would you rate the applicant's ability to work with and relate to consumers?

___Above satisfactory ___Satisfactory ___Below satisfactory

Can you give me an example of how the applicant relates to consumers?

5. We are looking for someone who can stay calm and control their frustration even under very frustrating conditions with consumers. How would you rate the applicant's ability to be patient and stay calm?

___Above satisfactory ___Satisfactory ___Below satisfactory

6. Have you ever known the applicant to use harsh or abusive discipline with a consumer?
7. Would you be comfortable placing one of your own loved ones in the care of the applicant? Why or why not?

8. What are the applicant's hobbies and recreational activities?

9. How would you rate the applicant's ability to relate to adults?

___Above satisfactory ___Satisfactory ___Below satisfactory

10. We need a person who can be supportive and understanding of a consumer's needs. How would you rate the applicant's ability to be genuinely supportive and understanding to a person in need?

___Above satisfactory ___Satisfactory ___Below satisfactory

11. Think of a time when the applicant was able to show genuine concern for another person who needed comfort. Tell me about that time.

12. How would you rate the applicant's ability to maintain appropriate boundaries with consumers?

___Above satisfactory ___Satisfactory ___Below satisfactory

13. Do you have any additional comments or questions?

Thank you very much for your time.

Signature of Interviewer

_____/_____/_____

Date

Sample Volunteer Driver Qualification Form & Agreement

Volunteer Driver Qualification Form & Agreement for Use of Personally Owned Vehicles

Name: _____ Birth Date: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Years of driving experience _____

Driver license No. & State*: _____ Expiration Date : _____

Insurance Carrier _____ Expiration date: _____

Liability Policy Limit -- Bodily Injury _____ Property Damage _____

1. Are all licensed vehicles you own covered by insurance as required by law? Yes, No
2. Have you ever been denied a driver's license or had one suspended or revoked? Yes, No
3. Have you had any moving traffic violations or accidents in the past three years? Yes, No

If the answer to questions 2 or 3 is YES, explain. Give dates and details of violations and accidents on the back of this form.

I AGREE to the following as a condition of being permitted to act as a Volunteer Driver:

- The vehicle owner's insurance is the primary liability insurance coverage in the event of an accident.
- The owner of the vehicle which I am driving is responsible for keeping the vehicle in safe working order.
- The owner of the vehicle is responsible for all damage to the owned vehicle however caused.
- The owner of the vehicle shall maintain liability insurance in the amount of at least
 - Bodily Injury -- \$50,000 per person and \$100,000 per accident or \$200,000 combined single limit; and
 - Property Damage -- \$25,000 per accident
- The church's insurance shall apply in excess of the vehicle owner's liability insurance limits in the event the primary limits are exhausted, and only to the extent the church is legally obligated to pay damages.
- I will not receive or initiate phone calls while operating a vehicle for church activities, to include receiving or initiating text messages.**
- I will indemnify and hold the church harmless from liabilities and damage resulting from my operation of a motor vehicle not owned by the church. The church will indemnify and hold harmless the volunteer driver for liabilities and damages resulting from acts or negligence of the church.

I hereby AFFIRM that the information I have given is stated truthfully and that I shall abide by the terms of the church's Vehicle Use Policy.

Attach a copy of Driver's License and current Insurance ID Card

Driver Signature: _____

Date: _____

Sample Facility Monitoring Checklist

Create a facility monitoring checklist for each location which identifies that location’s high-risk areas. Because most incidents of sexual abuse or inappropriate behavior occur in private, minimizing privacy in facilities is critical to managing this risk. The checklists should be readily available, easy to follow and once completed, kept in a central location accessible to administrators.

In order to ensure all the locations are properly and consistently monitored, designate an employee or volunteer who must complete a site inspection checklist. Daily, make sure that employees and volunteers complete this checklist multiple times throughout the day, and try to vary from day to day the actual times these checklists are completed. For example, if the facility monitoring checklist is completed at 10:00 AM, 2:00 PM, and 4:00 pm on Monday, schedule Tuesday’s checks to occur at 11:00 AM, 3:00 PM, and 5:00 PM.

Area	Name/Title	Date	Time
All unused rooms, offices, storage areas, and closets are locked. Stairwells are consistently monitored.			
All windows permit observation into program areas and offices (i.e., artwork on windows should not prevent informal monitoring by passersby; all blinds on windows should be open).			
All employees and volunteers are identifiable and dressed in the appropriate uniforms.			
All program activities are within the designated ratios [<i>insert your program ratios here</i>].			
Employees and volunteers are spread out in the activity area and actively supervising consumers in authorized areas.			
Bathrooms:			
The bathroom is clean.			
Neither consumers nor adults are hanging out in the bathrooms.			
There are only as many consumers in the bathroom as there are stalls.			
Program:			
All consumers remain in authorized facility areas that are easily viewed by employees and volunteers (i.e., consumers are not wandering off by themselves without employees and volunteers present to supervise them) or in structured, supervised program activities.			
Consumers are checked into and out of the facility according to policy.			

The grounds around the location are free from hazards.			
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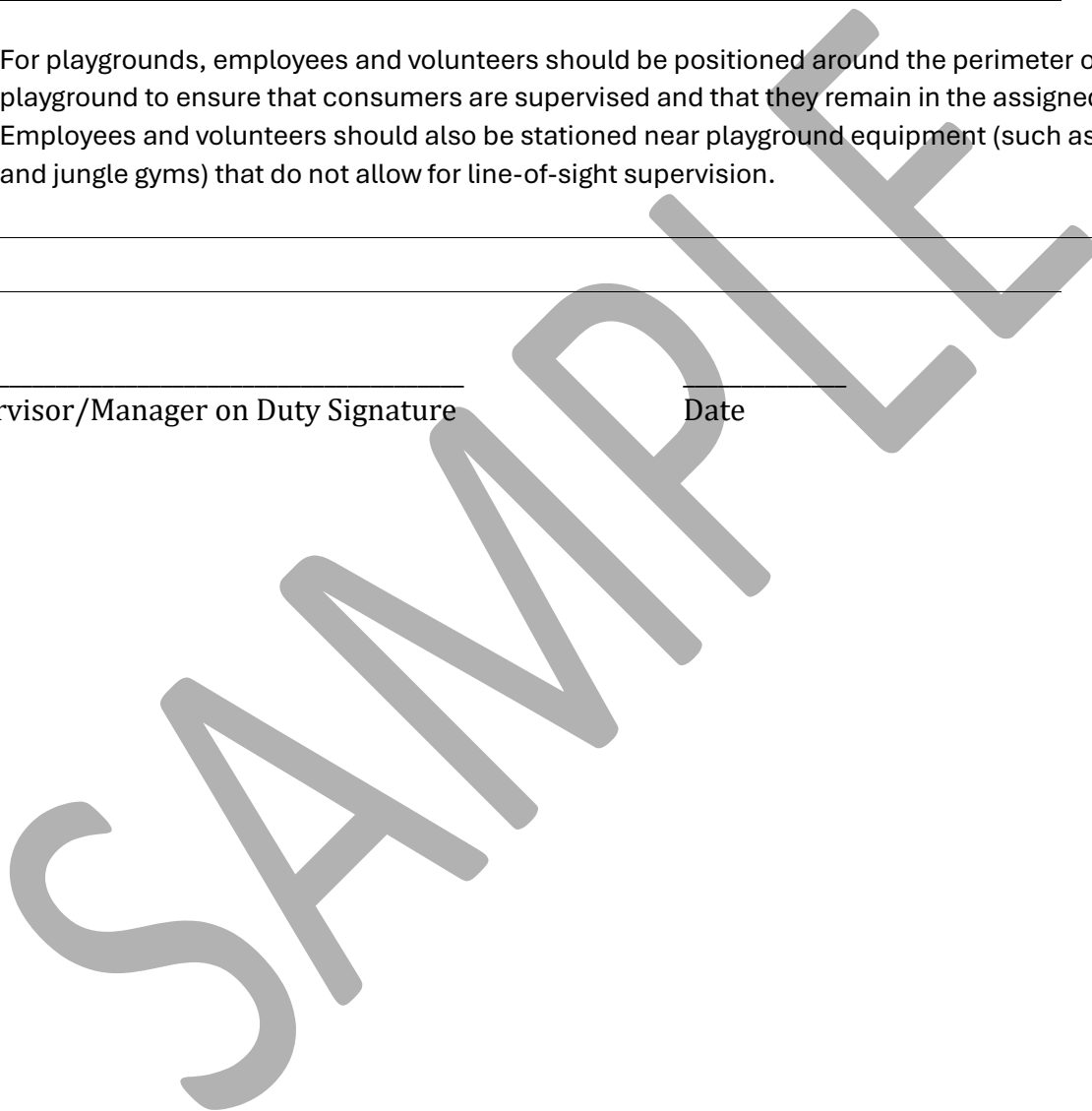
Site Specific Considerations

- For after-school sites that have theaters or stages (such as in a school cafeteria), stage curtains should always remain open so that consumers cannot sneak behind the curtains.

- For playgrounds, employees and volunteers should be positioned around the perimeter of the playground to ensure that consumers are supervised and that they remain in the assigned area. Employees and volunteers should also be stationed near playground equipment (such as tunnels and jungle gyms) that do not allow for line-of-sight supervision.

Supervisor/Manager on Duty Signature

Date



Sample Field Trip Preparation Checklist

Field Trip Preparation Checklist

1. Specific location of the off-site activity. (Example: The Children's Museum)

2. Name of the primary contact at the off-site location (Example: Mary Smith, Director of Group Sales at the Children's Museum)

3. Address and telephone number for the location.

4. Parent permission sheet attached to this document for review.

5. Name and cell phone number of the supervisor for the off-site activity.

6. The employee to child ratio for the trip and names of all who will be attending.

7. Required attire for employee and child during the off-site activity.

8. Amount of time required for the off-site activity.

9. Estimated departure time and estimated return time.

10. Method of transportation.

11. Completed seating chart attached.

12. Overall supervision guidelines for location (employees will be assigned groups of children to monitor throughout the trip, employees will monitor children in "zones," etc.).

13. Location of restrooms/locker rooms at off-site location.

14. Cost of the activity.

Last Minute Checklist:

1. All permission sheets returned and compiled for the off-site activity (children cannot participate without a permission slip). Employees must take permission slips to the off-site activity to ensure correct parent contact information.
2. Roll sheets printed and distributed to all employees for all children attending the off-site activity.
3. All required employees present.
4. All employees and children are in approved attire.

Sample Incident Report Form

(Reference should be made here what policy and procedure utilize this form for quick reference. The form is not intended to be used without a policy and procedure instructing its use.)

Date/Time of Incident: _____

Location of Incident: _____

Type of Incident:

- | | |
|---|---|
| <input type="checkbox"/> General injury | <input type="checkbox"/> General policy violation |
| <input type="checkbox"/> Property destruction | <input type="checkbox"/> Adult-to-consumer boundary violation |
| <input type="checkbox"/> Verbal assault | <input type="checkbox"/> Adult-to-consumer abuse |
| <input type="checkbox"/> Physical assault | <input type="checkbox"/> Consumer sexualized behavior |
| <input type="checkbox"/> Bullying/Hazing | <input type="checkbox"/> Other: _____ |

Name/Title/Role of Individual(s) Involved (employees, volunteers, & consumers):

Name/Title/Role of Witness(es):

Describe the Incident:

Describe the Response [interrupt behavior, separate/protect consumers, increase supervision]

Date of Notification (if applicable):

____ Supervisor/Administrator ____ Law enforcement - case # _____
____ Parent(s)/guardian(s) ____ Child protective services - case # _____
Submitted by (Print Name/Title): _____
Signature: _____ **Date:** _____

Supervisor/Administrator Use Only

Date of Notification/Follow Up (if applicable):

____ Administrator ____ Law enforcement - case # _____
____ Parent(s)/guardian(s) ____ Child protective services - case # _____

Describe the Response/Corrective Action:

- Notify administrators
- Notify law enforcement/child protective services
- Follow crisis management plan
- Review with person reporting the incident
- Interview/survey additional employees, volunteers, & consumers
- Follow up with parent(s)/guardian(s)
- Review file of employee/volunteer/consumer(s) involved
- Disciplinary action for employee/volunteer/ consumer(s) involved
- Increase monitoring & supervision of employee/volunteer/consumer/program(s)
- Review policies/training

Submitted by (Print Name/Title): _____
Signature: _____ **Date:** _____
Approved by (Print Name/Title): _____
Signature: _____ **Date:** _____

Registered Sex Offender Policy

As a community of faith, serving by the example of Jesus Christ, we also seek to attend to the needs of all who seek healing, redemption and fellowship among us. We shall be prepared to accept in our midst those who have violated the most sacred mores of our society at large, in order to provide them refuge, peace, example and support in their recovery and penitence. We commit to doing so with utmost care for the welfare of our congregation, collectively and individually, and the community we serve.

We accept that there are risks to be born in our deliberate association with and ministry to sex offenders who are considered a pariah among the community-at-large as evidenced by the many constraints placed upon their interaction with the community. We agree to honor the needs of the congregation and our community to have reasonable assurance that a sex offender in our care will not have an opportunity to re-offend as a result of lapses in our management of the offender.

We shall consider limited participation or membership of a sex offender in our congregation with utmost care which shall include the following elements:

Document understanding of the statutory limitations applying in the State of (Your State) to the movement and activities of a sex offender, taking into account the programs of the church or the operations of tenants. (Examples: Sunday school, day care, pre-school, sports leagues, seasonal camps and associations which serve children and “vulnerable adults”.)

Consider and understand the character of the crimes which have resulted in requiring an individual to register as a sex offender, the passage of time without repeated conduct or behavior and the risk and opportunity of re-offending that is presented by the particular programs of our congregation.

Document understanding of limitations and prohibitions placed upon the offender by courts and probation authorities. The opinion of a mental health professional regarding the suitability of the person to participation in the life of the church shall be obtained. In all cases where probation is in force, we shall obtain the explicit approval of and conditions of participation specified by the probation officer. A recommendation by law enforcement or mental health professionals to deny participation to an offender shall be honored in all cases.

Understanding that, with respect to a person who is an employee, volunteer or in a position of church leadership, who has previously been conviction for acts of sexual misconduct as defined by insurance contracts, knowledge by church leaders and managers of such prior conviction will have the effect of voiding coverage for the individual employee, volunteer or church leader and for the church for future acts of sexual misconduct by that person.

Given that criminal convictions are a matter of public record, there shall be no expectation of secrecy on the part of the offender. As a condition of participation in our faith community, the offender must agree that the leadership of the church shall make it known to the members, constituencies and customers of the church that we have accepted among us a registered sex offender. The conditions and limitations that apply to participation in the life

of the church shall be known to all.

With the advice of legal counsel, and in all cases, the conditions of participation by a registered offender shall be defined by a “limited access agreement” executed by the offender and church. Such agreement shall be approved by probation authorities as may be necessary according to para. 3., above. The agreement shall be reviewed annually to validate on going eligibility. Violation of the agreement by the offender shall be considered as grounds for immediate cancellation of the agreement.

The following additional considerations shall apply:

Victims in the congregation – In such case as the victim of a RSO (registered sex offender) is a member of the congregation, employee or is a client of other services provided by the congregation, the RSO shall not be permitted to attend the church or church activities.

Clergy-penitent privilege – “Clergy-penitent privilege” is a “Rule of Evidence” defining or limiting information which clergy may reveal in a court of law only. “Clergy penitent privilege” does not prevent clergy from informing the congregation of matters which may be relevant to their safety; it does not require clergy to hold information in secrecy.

Ordained clergy shall assume responsibility and take extraordinary care to understand the scope and limitations of clergy-penitent privilege in the State of (Your State), and the parameters of confidence and privilege as defined by our denomination. Authorized clergy shall inform the leadership of the church of the general principles of confidence and privilege under which (s)he performs his/her clerical duties.

Escorts (Parish Associate) – Conditions of limited access for a RSO will commonly require that the offender have an escort while on the church premises or at church events elsewhere. A person serving as an escort shall not be a spouse, partner or relative of the offender.

Approval & Supervision

With the advice and prior approval of the Church Board, a Limited Access Agreement with a Petitioner (known RSO) may be signed only by the Senior Pastor.

The Senior Pastor, in association with other “authorized clergy” and parish associates (escorts), who shall be named in the Limited Access Agreement, shall be responsible for the general supervision of the Petitioner in all of the latter’s activity in relation to the church. Elements of supervision shall include the following:

Knowledge of the terms of the Limited Access Agreement, including activity limitations placed upon the Petitioner.

Knowledge of the Petitioner’s offense history sufficient to understand the risks of association with the church and its ministries.

Willingness to assert activity limitations and to report any violation of restrictions placed upon the Petitioner.

Willingness to intervene in any onset of a risky or problem behavior.

Willingness to report all cases of non-compliance to the Senior

Pastor.

The Senior Pastor shall assess, prior to selection, whether a proposed parish associate is willing to fulfill the above elements of supervision.

Professional privacy – Members who are employed in certain occupations may have a statutory obligation to maintain privacy around the criminal history of their clients who may also be parishioners. Such members shall decline to accept leadership roles which may put them in a position of decision-making regarding individuals who may be their professional clients.

Juveniles – While the criminal record of a juvenile is ordinarily concealed by the courts, the church may come to know the juvenile's history by other means. Honest disclosure by a juvenile and parents in the volunteer application and screening process may reveal that a record exists without knowing the specifics. While a limited access agreement will be required for the juvenile, as for others, every precaution will be taken to preserve the privacy and confidentiality which the law affords a juvenile.

REASONS FOR EXCLUDING A PERSON FROM ALL CONGREGATIONAL ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO:

- Refusal to allow the clergy to contact the treatment provider and parole officer.
Refusal to go for a risk assessment with a qualified therapist.
- Report by a treatment provider that the individual is at too high a risk for recidivism.
Refusal to sign a Limited Access Agreement.
- Refusal to comply with the requirements of the Limited Access Agreement.

Sample Limited Access Agreement

This Limited Access Agreement is executed between:

(Your Church), referred to below as “we”, “the congregation” and “clergy”;

And

(Petitioner Name), referred to below as “you” and “your”

(Your Church), is an “open and affirming congregation” and as such affirms the dignity and worth of all persons as expressed in our Welcome Statement. We are committed to being a religious community open to those who are in need of worshiping with us, especially in times of distress and serious personal troubles. However, based on your background, we have concerns about your contact with children and youth in our congregation. The following guidelines are designed to reduce the risk to both you and them of an incident or accusation. We welcome you to our congregation and our membership but your participation will be limited to ensure the safety of our children and youth and to assure that you will not be subject to future accusations.

Within these guidelines, the congregation welcomes your participation in worship services, coffee hour, meetings, adult education, and all adult social events. Do not enter the classroom wing or the lower level of the church building. You are to avoid all contact with children and youth on church property or congregation-sponsored events. This includes the following:

- Do not talk with children.
- Do not volunteer or agree to lead, chaperone or participate in events for children and youth including such things as religious education classes, stories or talks for worship, youth group events, activities during intergenerational events, driving or otherwise transporting children and/or youth.
- You will remain in the presence of a Parish Associate who knows your situation at all times. You must meet that person before coming onto church property (or before arriving at any church-sponsored event), remain with him at all times, and depart with him.
- If a child or youth in the congregation approaches you, either at church or in a community place, politely and immediately excuse yourself from the situation.
- Avoid being in the church or any church-owned building or church-rented space at any time without a Parish Associate present with you at all times.
- Do not ask for, seek access to, nor remove from the church any materials, files, directories, etc. listing members and friends of the church.
- We ask that you limit your time in coffee hour to about ten minutes.

As a part of this agreement it is understood that you will have three (3) members of this congregation, approved by the clergy, who know thoroughly your history and are willing to serve as your Parish Associates. You will be welcome on church property and at church-sponsored events but must be accompanied at all times by one of the Parish Associates named below:

(Named Parish Associate 1)

(Named Parish Associate 2)

(Named Parish Associate 3)

To engage your integration into the congregation and to assist you in maximizing your experience with the church it is agreed that you will meet on a bi-monthly basis with the Parish Associates and a member of the clergy together or separately to discuss matters of mutual interest and concern. These meetings will also serve as an ongoing review of the implementation of this agreement.

Implementation of this agreement is based upon a review by the clergy of the most current supporting documents as follows:

- A statement from the court as to the nature of the conviction.
- A risk assessment from a qualified therapist.
- A report from a certified treatment provider indicating that you are not at too high a risk for recidivism.

Any change in the above must be reported immediately to a member of the clergy.

This agreement will remain in effect until/unless:

- You fail to honor the terms of the agreement, thus nullifying it.
- It is superseded by any policies and procedures put in place by the church's SafeConduct™ Committee. The SafeConduct™ Committee in consultation with the clergy is the body responsible for providing you with guidelines, support and counsel for your participation in the life of the congregation.
- You, the clergy, and the SafeConduct™ Committee mutually agree to change the terms of this agreement.

ATTEST: I have reviewed the terms of the above limited access agreement and agree to abide by its provisions. Failure to honor its terms will result in my being denied access to church property and all church events.

Signature

Date

Petitioner Name

Address

WITNESS FOR THE CHURCH:

Signature

Date

Name

Church Official Title

YOUR CHURCH

(Address)

SAMPLE