The Episcopal Church of the Holy Cross Faith Formation Returning Volunteer Information

This form is to be completed by all returning volunteers for children's ministry within the community of Holy Cross. This is not an application form. This information is requested in accordance with Diocesan guidelines with the single purpose to assist those with leadership responsibilities for this worshipping community in providing a safe and secure environment for all who participate in our programs and use our facilities.

Full First Name:	Middle initial:	
Last Name:		
Present Address:		
Home Phone:	Work Phone:	
Cell Phone:		
Email address:		
Within the last year, I have read and unders of Sexual Abuse and Sexual Misconduct pul Seattle.		
		Initial
Within the last 5 years, I have completed a session hosted by the Diocese of Olympia.	"Safeguarding God's Children" training	ng
Date /Place of Training		Initial
I have received and agreed to follow the established guidelines set forth by Ho Episcopal Church regarding prevention, detection and reporting of child abuse		Cross
		Initial
I willingly consent to a criminal background Patrol. In order to do so I need to provide to Copy of my drivers' license	the following information: My date of birth:	State —
		_Initial
I understand that all information contained check will remain confidential	in this form and in the criminal backg	round
		Initial
Signed	 Date	