

Alabama-West Florida Conference
Disaster Response Ministry

Safe Sanctuaries Training verification

I verify that I have been through Safe Sanctuaries training through my church and/or that I have watched the video at <https://www.awfumc.org/awfsafesanctuaries>.

I will abide by the Safe Sanctuaries Policy of the Alabama-West Florida Conference. I will also abide by any additional requirements included in my own church's Safe Sanctuaries policy.

Name (please print): _____

Address, City, State, Zip: _____

Phone: _____ Email: _____

Home Church (name and city): _____

Date of ERT Training: _____ Trainer: _____

To learn and understand the Safe Sanctuaries policies, I:

Attended a Safe Sanctuaries training through my church

Date: _____ Trained by: _____

Watched the video on the Alabama-West Florida Conference website

Date: _____

Participant's Signature: _____

Pastor's Signature: _____ Date: _____

Pastor's Name: _____ Pastor's Phone: _____

The trainer's signature is acceptable in lieu of the pastor's signature if the video is watched during the training session:

Trainer's signature: _____ Date: _____