Appendix B - ESMC Covenant For Abuse Prevention

Information received will be kept confidential unless legally required to disclose

In our desire to reduce the risk of abuse within our church, we believe this information is necessary to protect our children, youth, vulnerable persons, as well as our employees, members and volunteers. Thank you for your understanding and cooperation.

PERSONAL INFORMATION

Full Name _____ Phone _____

Address_____ email _____

How long have you attended Erb Street Mennonite Church? _____

If you have attended ESMC for less than five years, please provide the name, address, and phone number of your previous church(es) and the years you attended.

_____

_____

References

Provide the names and contact information of two references who are not relatives:

Reference 1

Name of reference (first and last name): _____

Relationship to you: _____

Phone Number: _____

Email_____ *Please circle preferred method of contact.*

Reference 2

Name of reference (first and last name): _____

Relationship to you: _____

Phone Number: _____

Email_____ *Please circle preferred method of contact.*

Volunteer Covenant

I hereby acknowledge that the information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give any information they may have regarding my character and fitness for interacting with children, youth or vulnerable persons. Except in the case of the conscious giving of false information, I release all such references from liability for any damage that may result from furnishing such evaluation to ESMC.

I also acknowledge that I have read and I understand ESMC's Safe Church Policy: A Plan to Protect Young People and Adults and I agree to comply with the policies and procedures as outlined therein.

_____

Volunteer's Name, printed

_____ _____

Signature of Volunteer Date