

FORM D Safe Sanctuary Policy Acceptance Form

By signing this document I am stating that:

- I have a copy of the *FUMC Odessa Safe Sanctuary Policy for the Protection of Children, Youth, and Vulnerable Adults* and have read and understand it.

- I have completed the approved UMC Safe Sanctuary Training session on _____.
(date)

- I further agree that I accept it and will abide by it.

Signature of Staff or Volunteer

Signature of Witness/Ministry Leader

Printed Name of Staff or Volunteer

Printed Name of Witness/Ministry Leader

Date

Date