

For Office Use Only:
Date Received:

## CHILD PROTECTION PROGRAM VERIFICATION OF COMPLETION FOR CHURCH

Please complete following information and return to Vice President for Administration's office attention Denise Hevener <a href="mailto:deniseh@pcsda.org">deniseh@pcsda.org</a>. Due Date: October 15

	, Child Protection Program Church Ad	ministrator
(Print Name)	, Offine Frotection Frogram Charcin Ad	ministrator
for the(Print Name of Church)	church.	
Hereby certify our <b>CHURCH</b> has met the following Potoma check to indicate completion):	c Conference child protection requiremen	ts <b>(please</b>
Our <b>CHURCH</b> does not have any minors attending. T	here is no active children's ministry progra	am.
All volunteers working with minors have in the last thr Have been successfully background checked.	ee years: (1) <u>Taken required training cour</u>	<u>ses,</u> and (2)
Created a Child Protection Program addressing the fo	ollowing basic requirements:	
Six month rule (No volunteer will be allowed to unfor at least six (6) months.)	vork with minors unless he/she has been	in the church
Two adult rule (When possible, two unrelated ac present in all children's classrooms or activities.		should be
All classrooms where minors are being taught h implemented options if this was not possible).	ave doors with windows (please indicate l	pelow other
Monitoring of volunteers working with minors on and background check before volunteering or page 2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	articipating in events with minors.	eted training
Pathfinder Club Name:		
Pathfinder Club Director (print)	Signature (Pathfinder Club Director	Date
Name of Church Pastor (print)	Signature (Church Pastor)	Date
Name of CPP Church Administrator (print)	Signature (CPP Church Administrator)	Date