

SAFE SANCTUARY AGREEMENT
Athens First United Methodist Church
327 N. Lumpkin Street
Athens, GA 30601

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Current Position(s) at Church: _____

I have received “Safe Sanctuary” training at Athens First United Methodist Church by:
(please check the appropriate selection)

Participating in the annual “Safe Sanctuary” Training held on:

Reading the Athens First United Methodist Church “Safe Sanctuary” Manual.

Read Carefully Before Signing:

I agree to abide by the “Safe Sanctuary” Policies and Procedures of Athens First United Methodist Church.

Signature

Date