

# *Annual Training Review Self-Certification*

## Asbury United Methodist Church Safe Sanctuaries Program

After you have reviewed the Safe Sanctuaries Slideshow Training Package in its entirety please print this page, sign it, date it, and return it to the Safe Sanctuaries Team by any of the methods described below.

*This page may then be scanned and attached to an e-mail, mailed via U. S. Postal Service, or hand-carried to the church mailboxes located in the alcove near the Church Secretary's Office.*

I, (print full name here) \_\_\_\_\_, certify that I have read, understand, and shall comply with all facets of the Asbury United Methodist Church Safe Sanctuaries Policy and procedures.

Signed and agreed to this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Legal Signature: \_\_\_\_\_

\*\*\*\*\*      \*\*\*\*\*      Please do not write or mark below this line      \*\*\*\*\*      \*\*\*\*\*

Date received by Committee: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

Filed by: \_\_\_\_\_

Date filed: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_