Emmanuel
loved, rescued, & given a purpose

Child Protection Policies and Procedures
Statement of Acknowledgement and Agreement

I have received and read a copy of Emmanuel Baptist Church's ***Child Protection Policy and Procedures Handbook*** and understand the importance of the matters set forth within the Handbook. I agree to follow and abide by these guidelines during my service at Emmanuel Baptist Church.

I understand that the Handbook may be modified at any time and that any guidelines may be amended, revised, or eliminated at any time by Emmanuel Baptist Church.

I acknowledge that I have reviewed and agree to fulfill the duties listed in the Handbook.

I acknowledge and understand that the materials and guidelines contained in this Handbook in no way express or imply a contractual employment relationship between Emmanuel Baptist Church and myself.

Finally, I understand that it is my responsibility to review new guidelines that are created and distributed, as well as Handbook guidelines that are updated, changed, or deleted.

_____ _____

Staff/Volunteer's Name Staff/Volunteer's Signature

If Volunteer is a minor (17 years old or younger):

I am the authorized Parent or Legal Guardian of the above-named minor and authorize this agreement and consent on behalf of the above-named minor.

_____ _____

Parent's or Legal Guardian's Name Parent's or Legal Guardian's Signature

Date_____

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Child Protection Policies and Procedures
Reaffirmation Statement

The Child/Teen Protection Policy calls for an annual reaffirmation of individuals already approved for ministry. Please reaffirm the following statements, sign, and date where required. Thank you.

1. Have you ever pleaded guilty to, been convicted of, or are you currently under a charge of abuse?
   ___No ___Yes Explain_____
2. Is there anything in your past or present that could negatively affect the way in which you work with children?
   ___No ___Yes Explain_____
3. Do you have any physical or mental health issues that could put the children or teens of Emmanuel Baptist Church at risk?
   ___No ___Yes Explain_____
4. Is there anything else Emmanuel Baptist Church should know about you as this reaffirmation is processed?
   ___No ___Yes Explain_____
5. I declare I do not sell or use illegal drugs, engage in improper self-medication, engage in pornographic activities, or in any other morally unbiblical behavior. I agree to be bound by the Constitution, By-laws, and policies of Emmanuel Baptist Church and refrain from unscriptural conduct during the performance of my services on behalf of this church.
   ___No ___Yes Explain_____

☐ I do not wish to continue my approval. Please remove my name from the approved list.

_____ _____

Staff/Volunteer's Name Staff/Volunteer's Signature

If Volunteer is a minor (17 years old or younger):

I am the authorized Parent or Legal Guardian of the above-named minor and authorize this agreement and consent on behalf of the above-named minor.

_____ _____

Parent's or Legal Guardian's Name Parent's or Legal Guardian's Signature

Date_____

Please Return to Jane Lee's Staff Letter Loft Box after completing both sides.