CENTRAL CONGREGATIONAL CHURCH, UCC

One Worthen Street P.O. Box 339 Chelmsford, MA 01824 Phone 978-256-5931 Fax 978-250-3565 office.admin@cccchelmsford.org

STATEMENT OF COMPLIANCE for Organizations using Church Facilities

the reverse side of this form, and agree to comply with all conditions set forth in that document in my activities at Central Congregational Church, UCC. I understand that I can find the full text of the Safe Church Policy in the Church Office. The organization I represent is _____ To indicate your understanding of your responsibilities as a guest in our church, please initial each of the following paragraphs, sign this document, and return it to the church office along with your "Application for Use of Facilities." I understand that I am required to report to the Safe Church Advocate (or a pastor) immediately and file an Incident Report within 24 hours, if I believe or have been told that there is reasonable cause to suspect that a child has been abused and/or neglected at CCC. (Please refer to the Safe Church Bulletin Board in the first floor hallway by the elevator for names to contact.) ____I understand that I am not to be alone in any room or secluded area on CCC property, or at any churchrelated event at any time, with a child or youth that is not my own, with the following exceptions: a) the child is a relative; b) I am in a caregiver position for the child outside of my church-related duties; c) It is mutually agreed upon by both the child's parent and myself. When the activity that I am supervising has ended, and I am the last person in the church, I will make sure that the lights are out and the doors are locked before I leave. I will be responsible for educating any other leaders in my group regarding the Safe Church Policy and the use of the building. I agree to abide by all policies and procedures regarding the use of the building and properties of Central Congregational Church with the knowledge that failure to do so will result in the termination of my right to use church facilities for the organization that I represent.

Date

I acknowledge that I have read and understand the Youth Protection Guidelines, which are summarized on

A copy of this document will be kept on file by the Safe Church Advocate.

Signature

Print Name