Addendum B: Annual Record of Safe Sanctuary Training

By signing, I acknowledge I have received, read, and understood the Safe Sanctuary Policy of Clarion First Methodist Church dated **June 25, 2025**. I received training on the date below and agree to abide by the Policy at all times. I agree to promptly report any actual or alleged abuse according to the Policy and fully cooperate with investigations by the church and/or authorities.

Name of Trainee: _____ Date of Training: _____

Trainee's Signature: _____ Date: _____

Name of Trainer: _____ Signature: _____

- Office Use -

Date of Last Training: _____

Date of Last Background Check: _____ Date of Next Background Check: _____