

_____ (Date)	Read Safe Sanctuary: Guidelines for Ministry
_____ (Date)	Completed Abuse Awareness and Prevention Training

**Safe Sanctuary  
Volunteer Disclosure Form**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. I have been a member of FCCGE for more than 6 months.

\_\_\_ True \_\_\_ Not True

2. I have never been found guilty, or pled guilty or no contest, to a criminal charge related to sexual discriminations, sexual harassment, sexual assault, sexual abuse, physical abuse or child abuse.

\_\_\_ True \_\_\_ Not True

3. No civil lawsuit alleging actual or attempted sexual discrimination, sexual harassment, sexual assault, sexual abuse; physical abuse or child abuse has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations had expired.

\_\_\_ True \_\_\_ Not true

If not true, please give explanation on a separate sheet – indicating date, nature, place of incident.

4. My employment, professional credentials, or service in a volunteer position were never terminated due to allegations of actual or attempted sexual discrimination, sexual harassment, sexual assault, sexual abuse; physical abuse or child abuse.

\_\_\_ True \_\_\_ Not True

If not true, please give explanation on separate sheet.

5. I am available to drive as part of my ministry at the church. If not, please skip to #8.

Driver's License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

6. I have not had my driver's license suspended or revoked within the last 5 years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance.

\_\_\_\_\_ True \_\_\_\_\_ Not True

If not true, please give explanation on a separate sheet.

7. My vehicle insurance coverage is up-to-date.

\_\_\_\_\_ True \_\_\_\_\_ Not True

8. Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying?

If yes, please give explanation on a separate sheet.

Signature of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(If volunteer is 18 or under)

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I have read the First Congregational Church of Glen Ellyn's Safe Sanctuary: Guidelines for Ministry and am familiar with its content. I agree to give my best effort to the ministry and to adhere to the guidelines established by the Safe Sanctuary Policy.

Signature of Volunteer \_\_\_\_\_ Date: \_\_\_\_\_

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Annual Reaffirmation of Information

I affirm that none of the above information has changed. I have reviewed the First Congregational Church of Glen Ellyn's Safe Sanctuary Policy again.

Signature of Volunteer \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_ Date: \_\_\_\_\_