



CHILD PROTECTION POLICY: TRAINING

Video Training Affidavit

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Date of Birth ____/____/____ Last 4 Digits of your SSN: XXX-XX- _____

I hereby certify that I have watched, in its entirety, the Child Protection Training Video provided by Pine Terrace Baptist Church. I also acknowledge my understanding of what it takes to protect our children, our church, and myself. I hereby agree to maintain the standards, procedures, and policies set forth by the Child Protection Policy of Pine Terrace Baptist Church. By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested within this document will result in my name being removed from the Approved Volunteer list of Pine Terrace Baptist Church.

Signed By: _____ Date: _____

Upon viewing the video and completing this training affidavit,
submit it to Cathy Gunderman in the church office.