

**MY COVENANT/COMMITMENT TO CHILDREN, YOUTH AND/OR ADULTS WITH DEVELOPMENTAL DISABILITIES**  
 (and to the Safe and Sacred Space Abuse Prevention Program of the Kansas East Conference of The United Methodist Church)

I agree to live by the understanding that, as a person in authority, it is my responsibility to avoid sexual contact with children, youth, and/or developmentally disabled persons in my care. Additionally, I will follow all conference (and my local church) guidelines regarding appropriate ways to serve children, youth and/or developmentally disabled persons in my care.

I certify that the information I have provided on the application form is true and correct. The information that I have furnished on my application, criminal background permission form, SRS permission form, and/or any other background information, is subject to verification. This includes a criminal history and abuse check, or other criminal background sources, if necessary. If it is found that the answers given are untrue, I understand that I will be asked to terminate my role as one who gives care, supervision, and leadership in this program. I agree that, in order to obtain honest personal references for my application, I waive my right to read the references and agree that they should remain confidential.

Attendee (Please Print): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**VERIFICATION OF COMPLETION OF TRAINING**

This is to confirm that \_\_\_\_\_ has completed the necessary training as part of the certification process to work with children, youth and/or adults with developmental disabilities.

INSTRUCTOR (please print): \_\_\_\_\_

Signature \_\_\_\_\_ Date of Training Session \_\_\_\_\_



## WORKSHOP COMPLETION FORM I – SAFE AND SACRED SPACE

This form, along with the Sign-in Sheet (Form H), Verification (Form F) and Evaluation Form (Form G), should be mailed within one week from the date of the Workshop to the Kansas East Conference Office.

Date of Training \_\_\_\_\_ No. of Participants \_\_\_\_\_

Location of Workshop \_\_\_\_\_

Name of Ministry Area of training \_\_\_\_\_

*(Be specific, i.e., local church, camp, conference, VIM, UMM, UMW, etc.)*

### Instructor or Co-Instructors Contact Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Comments/suggestions from Instructor(s):

Mail forms within one week of the event to:

Sue Hughes, Safe and Sacred Space  
Kansas East Conference  
P.O. Box 4187  
Topeka, Kansas 66604-0187  
Phone: 785-272-9111  
Email: Shughes@kansaseast.org

Form I – November 2008

# EVENT/PROGRAM REPORT – FORM J

## SAFE AND SACRED SPACE

Kansas East Conference of The United Methodist Church

*This required form for Conference or District events is to be filed with the Conference Office within one week after the Event/Program. The Event Coordinator/Administrator is advised to keep a copy of this report on file. (It is recommended that a similar report be used by the local church for their events.)*

Date of Event/Program \_\_\_\_\_ Date Form Received in Office \_\_\_\_\_

Name of Event/Program \_\_\_\_\_

Location of Event/Program \_\_\_\_\_

Event/Program Administrator/Coordinator \_\_\_\_\_

Total Number of Persons in Attendance \_\_\_\_\_ Adult Counselors/Advisors \_\_\_\_\_

Children/Youth \_\_\_\_\_ Adults with Developmental Disabilities \_\_\_\_\_

Were there any reportable incidents at this event/program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and attach a copy of all reports.

\_\_\_\_\_  
*Signature of Event/Program Administrator/Coordinator*

\_\_\_\_\_  
*Date*

Send to: Sue, Hughes, Kansas East Conference of The United Methodist Church, P.O. Box 4187, Topeka, KS 66604-0187

November 2008