



Preventing & Responding to Sexual Misconduct Policy Receipt Acknowledgement

I hereby
acknowledge that:

- I have received a copy of the Presbytery of Lake Michigan Policy on Preventing & Responding to Sexual Misconduct as amended November 9, 2013;
- I have read the policy;
- I understand the its meaning, and
- I agree to conduct myself in accordance with the policy.

I understand that this acknowledgement shall be retained in my personnel file and other presbytery files as appropriate.

+ +

Name (Printed) _____

Signature _____

Date _____

Relationship to Presbytery: *Please check the appropriate box(es).*

- Presbytery Team, Commission or Committee
- Volunteer Youth Leader at Event
- Inquirer/ Candidate for Teaching Elder
- Teaching Elder
- Certified Christian Educator (CCE)
- Commissioned Ruling Elder (CRE)
- Immigrant Fellowship Leader
- PLM Employee

NOTE: This acknowledgement form is a fillable PDF document based on page 26 of the Presbytery's Sexual Misconduct Policy as amended November 9, 2013. It should be completed as part of the COM credentialing and CPM orientation process and returned to the presbytery's office manager at office@lakemichiganpresbytery.org.



Preventing & Responding to Sexual Misconduct Teaching Elder/ Employee/ Staff Certification

To be completed by:

1. A teaching elder who seeks either membership or permission to labor within the bounds of the presbytery and is not called to a Church governing body within the presbytery, e.g. a chaplain or a retired minister.
2. All persons other than teaching elders who seek to serve the presbytery as employees or staff, including commissioned lay pastors (CREs), certified educators, and immigrant fellowship leaders.

I certify that:

- a) No ecclesiastical, civil and/or criminal complaint of sexual misconduct has ever been sustained or is pending against me;
- b) I have never resigned or been terminated or suspended from employment or a volunteer position for reasons related to sexual misconduct; and
- c) I have never been required to receive professional treatment for reasons related to sexual misconduct on my part.

NOTE: If you are unable to make the above certification, you may provide a description of the complaint, circumstances of termination, and/or course of professional treatment, giving dates, names and addresses of employer and/or volunteer supervisors, churches served, treating professionals, the outcome of the situation, and any explanatory comments you care to add. If you provide false or misleading information, or withhold relevant information, you may be removed from consideration.

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Name (Printed) _____

Signature _____

Date _____

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Presbytery of Lake Michigan
Presbyterian Church (U.S.A.)

Preventing & Responding to Sexual Misconduct Release

The information I have provided is accurate to the best of my knowledge and may be verified by the employing or supervising entity. I hereby authorize the presbytery's Executive Presbyter, the Rev. Fran Lane-Lawrence, or her designee to make any and all contacts necessary to verify my prior employment and volunteer history, and to inquire concerning any ecclesiastical records, criminal records, or any judicial proceedings involving me as a defendant. By means of this release, I also authorize any previous employer, volunteer supervisor, and any ecclesiastical or law enforcement agencies or judicial authorities to release any and all requested relevant information to the Rev. Fran Lane-Lawrence or her designee. I have read this release and understand fully that the information obtained may be used to deny me employment or any other type of position from the employing or supervising entity. I also agree that I will hold harmless the employing or supervising entity and entity executive from any and all claims, liabilities, and cause of action for the legitimate release or use of any information.

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Name (Printed) _____

Signature _____

Date _____

Name of Witness (Printed) _____

Signature _____

Date _____

Name of Witness (Printed) _____

Signature _____

Date _____

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