Attachment 5 – Helper Covenant

Note: This form is intended for use for youth helpers and short-term adult helpers.

Please provide the following information and sign the covenant statement after reading the SMUMC Child and Youth Protection Policy and Procedures. If you have any questions, feel free to speak with the Pastor, Lay Leader, or the Safe Sanctuary Coordinator (SSC).

Name:			
Address:			Date of Birth
City:	State:	Zip:	Phone:
Helper Position:			(e.g., VBS teacher, Children's Church)
Activity Leader:			
		Covenant	Statement
I have read the Child and I agree to abide		•	nd Procedures of SMUMC, I understand the policy,
I understand Helper	s must work und	er the direction	of a volunteer or staff.
I understand Helper	s do not count to	wards the Two	Adult Rule or the minimum adult-child ratio.
	-		se; e.g., ridicule, is to be used at any time. In the nmediately to the Pastor, Lay Leader, or SSC.
I do not have any un hinder my effectiven		_	abuse or sexual abuse that would pose a risk or youth.
I have no child abus	e convictions or	expungements.	
I have never commit	ted any crime in	volving abuse oj	f a child or youth.
I have carefully read	l and understand	this statement.	
Helper Signature:			Date:
Parent/Guardian Si (If Helper is a minor)	gnature:		Date: