

2011
SAFE SANCTUARY CERTIFICATION CHECKLIST

DATE _____

APPLICANT'S NAME _____

PLEASE CHECK THE APPROPRIATE BOX!!!!!!

APPLICATION COMPLETED----- YES _____ NO _____

REFERENCES CHECKED----- YES _____ NO _____

CRIMINAL HISTORY CHECKED----- YES _____ NO _____

SAFE SANCTUARY TRAINING----- YES _____ NO _____

APPLICANT RECOMMENDED FOR CERTIFICATION--YES _____ NO _____

RE-CERTIFICATION ONLY REQUIRES CRIMINAL BACKGROUND CHECK

PASTOR, DISTRICT / CONFERENCE EVENT LEADER, AUTHORIZED LOCAL CHURCH DESIGNEE OR SAFE SANCTUARY CERTIFICATION AUTHORITY MAKING RECOMMENDATION.

NAME _____ PHONE _____

SIGNATURE _____

CHURCH _____

DISTRICT _____

"PLEASE ATTACH A LIST OF ALL APPLICANTS BEING RECOMMENDED FOR CERTIFICATION THAT HAVE COMPLETED THE ABOVE PROCESS."

**SEND TO: SAFE SANCTUARY CERTIFICATION AUTHORITY
ATTENTION: DAN RAMSEY
5215 MAIN STREET
HOUSTON, TEXAS 77002**