Episcopal Diocese
OF CENTRAL FLORIDA

Policies for Abuse Prevention & Response: Compliance Agreement Form

Name (print): _____

Address: _____

Phone: _____

Email: _____

Compliance Statement

I certify that:

- ✓ I have received and read the Diocese of Central Florida's Policies for Abuse Prevention & Response.
- ✓ I understand its contents.
- ✓ I fully understand my responsibility to comply with all policies, procedures, and Community Conduct Expectations.
- ✓ I understand my responsibility to report any violations or potential violations of the Community Conduct Expectations.
- ✓ I recognize that any violation of the policies, procedures, and Community Conduct Expectations may be grounds for dismissal from employment or may terminate my right to do volunteer work with children and youth.

Signature: _____

Date: _____

Parish & City: _____