

PLEASE COMPLETE THIS FORM **DIGITALLY** SO THE INFORMATION
CAN BE ADDED TO OUR DIOCESAN DATABASE.

FORM 2 – Safe Church Practice for 2026

Deanery: _____ **Parish:** _____

Congregation: _____

1. We follow Safe Church procedures for people who work in high-risk ministries including pre-screening, training, written job descriptions, clear and appropriate policies and procedures that are revised regularly.

Yes

No

Sometimes

2. There are **ALWAYS** at least two adults working with children/youth.

Yes

No

3. We follow safe protocols for Zoom or online platforms involving vulnerable people.

Yes

No

4. We are willing to serve as a model to other churches for how to design, implement and maintain Safe Church practices.

Yes

No

5. Who is the best person for us to contact in regard to your Safe Church practice?

Name: _____

Email Address: _____

THIS FORM MUST BE RETURNED WITHIN TEN DAYS OF THE VESTRY MEETING