Individual Form of Receipt

I hereby acknowledge that I have received a copy of the Policies and Procedures Concerning Sexual Boundaries of the Diocese of Iowa and that I understand the content of these Policies and Procedures.

X_____ _____

Signature Date

_____

Print Name

(All clergy, all lay employees and all volunteers who regularly supervise youth activities, ***including*** unpaid Sunday School teachers, and vestry members shall be furnished with a copy of these Policies and shall complete and sign a certificate evidencing the receipt of these Policies. A sample form of receipt is provided as Appendix L. Each Congregation shall retain the receipts among its permanent records and copies are to be provided to the Diocese of Iowa with the annual Church Information forms.)