THIS FORM IS TO BE USED **ONLY** IN EXCEPTIONAL CIRCUMSTANCES AFTER **ADVANCE APPROVAL** FROM THE ABUSE PREVENTION TEAM.

AFFIDAVIT OF NON-CERTIFIED CARE GIVER
West Michigan Conference
Of the United Methodist Church

EVENT _____
DATE _____
EVENT DIRECTOR _____
_____

Initials: Applicant is to initial each item confirming concurrence with statement.

_____ I fully support the WM Conference in its interest of protecting children and youth from any and all forms of emotional, physical, and sexual abuse, harassment, and molestation.

_____ I fully support the WM Conference in its interest of protecting Care Providers from any and all false accusations, appearance, and implications of being involved in such abuse, harassment, or molestation of adults with special needs, children, and youth.

_____ I agree to comply with the Adults with Special Needs, Child, and Youth Abuse Prevention Policy of the Conference.

_____ I do hereby swear, affirm, and promise in the presence of God the following:

_____ a. I have never been convicted of, pled guilty or no contest to, any crime arising out of any act involving child abuse or child sexual abuse, or any act or conduct which is of a sexual, molesting, seductive, or criminally deviant nature, whether or not such conduct involved a child, youth, or adult with special needs.

_____ b. I have never had a verdict rendered against me in any civil action arising out of any personal act or conduct related to child abuse or child sexual abuse.

_____ c. I have never committed any act of child abuse or child sexual abuse.

_____ d. Except as fully disclosed on the reverse side of the Affidavit, I have never been accused of, or been charged with any crime or conduct arising out of child abuse or child sexual abuse.

_____ e. I have no interest in child pornography.

_____ f. I am at least 16 years of age.

_____ g. I will never emotionally, physically, or sexually abuse, harass, or molest any adult with special needs, child, or youth and will attempt to avoid even the appearance of such conduct while participating in any Church-related function, activity, event, or program.

_____ h. I will immediately report to event director all known or suspected incidences, complaints, and accusations of all acts (involving me or anyone else) of child abuse or child sexual abuse while attending or being involved in any Church-related activity. It is understood and agreed that upon disclosure of this information to the pastor, the pastor may take whatever action he or she deems appropriate, including disclosing this information to appropriate authorities or others.

_____ _____
Date *Time*

_____ _____
Date *Time*

_____
Printed Name of Non-Certified Care Provider

_____
Signature of Non-Certified Care Proved

_____
Printed Name of Certified Care Provider

_____
Signature of Certified Care Provider