

**Anglican Church of Canada
Diocese of Fredericton**

Regulation 4-4: Diocesan Safe Church

Diocesan Covenant and Care Form

Name: _____

Office / Position: _____

Part One:

I have read the Diocesan Safe Church Regulation of the Diocese of Fredericton and agree to comply with this Regulation.

Name: _____
(Please print)

Signature: _____ Date: _____
(Day/Month/Year)

Part Two:

I have completed the training for the Diocesan Safe Church Regulation of the Diocese of Fredericton and agree to comply with this Regulation.

Name: _____
(Please print)

Signature: _____ Date: _____
(Day Month/Year)

Part Three:

I confirm that _____ has completed the training for the Diocesan Safe Church Regulation of the diocese of Fredericton.

Trainer: _____
(Please print name)

Signature: _____ Date: _____
(Month/Year)