

**ST. PAUL AFRICAN METHODIST EPISCOPAL CHURCH
SEXUAL MISCONDUCT TRAINING**

NAME: _____

1. HAVE YOU READ AND UNDERSTOOD THE PRAESIDIUM POLICIES? YES ___ NO ___
2. HAVE YOU READ THE AME CHURCH DISCIPLINE 2021 REGARDING SEXUAL MISCONDUCT? YES ___ NO ___
3. HAVE YOU COMPLETED THE AME CHURCH SEXUAL TRAINING? DATE: _____ YES ___ NO ___
4. HAVE YOU COMPLETED A CRIMINAL BACKGROUND CHECK? DATE: _____ YES ___ NO ___ N/A ___

This is to verify that I have received, read and voluntarily agreed to comply with St. Paul's policy as outlined.

Print Name

Signature

Date