

PARISH/AGENCY POLICY RECEIPT FORM

(To be kept on file at the parish or agency)

I have received a copy of "To be Safe and Secure," the policy regarding sexual misconduct by persons working or ministering on behalf of the Archdiocese of Indianapolis. I have read the policy, and I agree to follow the directives and procedures contained in them.

Name (Signed)

Name (Printed)

Parish/Agency

Date