

## APPENDIX B

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

### EMPLOYMENT APPLICATION

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

Date: \_\_\_\_\_

**Personal Information**

Name (Last Name, First Name, Middle)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number ( ) _____		Referred By	
Are You Under The Age Of 18 YES _____ NO _____		Drivers License Number & State	

**Employment Information**

Position	Date You Can Start	If Seeking Employment, Salary Desired
Are You Employed YES _____ NO _____		If So, May We Inquire Of Your Employer: YES _____ NO _____

**Education History**

	Name & Location of School	Years Attended	Did You Graduate	Subjects Studied
High School				
College				
Other				

**Former Employers**

Date (Month & Year)	Name & Address Of Employer	Position	Reason For Leaving
From			
To			
From			
To			
From			
To			
From			
To			

**References** Give Below The Names Of 3 Persons Not Related To You, Whom You Have Known For At Least 1 Year

Name	Address	Phone	Business/Title	Years Known

**General Information**

Special Training Or Skills, Organizations, Etc.

**Have You Ever...**

Been Convicted Of A Crime Other Than Minor Traffic Violations? YES _____ NO _____	If Yes, Please Explain
Been Convicted Of A Traffic Offense In The Last 5 Years? YES _____ NO _____	If Yes, Please Explain

**Have You Completed...**

First Aid Training YES _____ NO _____	If Yes, Date Completed
CPR Training YES _____ NO _____	If Yes, Date Completed
AED Training YES _____ NO _____	If Yes, Date Completed

**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for work. I release all such references from any liability for furnishing such evaluation to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the policies of this church and to refrain from unscriptural conduct in the performance of my service on behalf of this church.

I understand and agree that, if hired, my employment is for no definite period, and regardless of the date of payment of my wages or salary, I may be terminated at any time without any prior notice. Further, I understand and agree that no oral representations made by anyone on my behalf of the employer may change the at-will status of my employment and/or service with Bel Air United Methodist Church.

I further state that I have carefully read the foregoing releases. This is a legally binding agreement that I have read and understood.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Do Not Write Below This Line \_\_\_\_\_

**Remarks**


## APPENDIX C

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

### VOLUNTEER APPLICATION

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

Date: \_\_\_\_\_

**Personal Information**

Name (Last Name, First Name, Middle)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number ( )		Referred By	
Are You Under The Age Of 18 YES _____ NO _____		Drivers License Number & State	

**Volunteer Information**

Position	Date You Can Start	If Seeking Employment, Salary Desired
Are You Employed YES _____ NO _____	If So, May We Inquire Of Your Employer: YES _____ NO _____	

**Special Skills & Gifts**

Please List Any Special Training Or Skills, Organizations, Hobbies

**References** Give Below The Names Of 3 Persons Not Related To You, Whom You Have Known For At Least 1 Year

Name	Address	Phone	Business/Title	Years Known

**Have You Ever...**

Been Convicted Of A Crime Other Than Minor Traffic Violations? YES _____ NO _____	If Yes, Please Explain
Been Convicted Of A Traffic Offense In The Last 5 Years? YES _____ NO _____	If Yes, Please Explain

**Have You Completed...**

First Aid Training YES _____ NO _____	If Yes, Date Completed
CPR Training YES _____ NO _____	If Yes, Date Completed
AED Training YES _____ NO _____	If Yes, Date Completed

Continued On Next Page

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for work. I release all such references from any liability for furnishing such evaluation to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the policies of this church and to refrain from unscriptural conduct in the performance of my service on behalf of this church.

I further state that I have carefully read the foregoing releases. This is a legally binding agreement that I have read and understood.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Do Not Write Below This Line \_\_\_\_\_

**Remarks**


## APPENDIX D

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

### CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

Last Name		First Name		Middle Name Or Initial	
Maiden Or Other Name(s) Used In Any And All Other Records Of Birth Or Records Of Residence					
Address		Apartment Or #			
City		County		State	Zip
**Date Of Birth	Place Of Birth		Social Security Number	**Gender	Race
Drivers License Number		State	Phone (H)		Phone (W)
E-mail			Photo ID? Y/N		
Emergency Contact			Phone		

**\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE**

#### References

Name	Phone Number
1.	
2.	
3.	

I, \_\_\_\_\_, am an applicant for employment/volunteer work with Bel Air United Methodist Church (“**BAUMC**”) and have been advised that as part of the application process, BAUMC conducts a Criminal History background check. I do hereby consent to the use by BAUMC of any information provided during the application process in performing the Criminal History check. BAUMC has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteer work. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of BAUMC. Under the Fair Credit Reporting Act, I have been advised that, upon request, I will be provided the name, address, and telephone number of the reporting agency as well as the nature, substance, and source of all information.

The following are my responses to questions about my Criminal History (If Any).

1.  YES  NO Have you ever been convicted of, or plead guilty before a court for, any federal, state or municipal criminal offense (Exclude minor traffic misdemeanors.) If yes, please details below.

State: \_\_\_\_\_ County \_\_\_\_\_ Date Of Offense / /

Details Of Conviction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.  YES  NO Have you ever received deferred adjudication or similar disposition for any federal, state, or municipal offense? If yes, please provide details below.

State: \_\_\_\_\_ County \_\_\_\_\_ Date Of Offense / /

Details Of Offense:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.  YES  NO Have you ever received probation or community supervision for any federal, state, or municipal offense? If yes, please provide details below.

State: \_\_\_\_\_ County \_\_\_\_\_ Date Of Offense / /

Details Of Supervision:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  YES  NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: \_\_\_\_\_ City \_\_\_\_\_ Date Of Offense / /

Details Of Conviction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.  YES  NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: \_\_\_\_\_ County \_\_\_\_\_ Date Of Offense / /

Details Of Pending Charges:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**APPENDIX E**

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

**VOLUNTEER REFERENCE CHECK FORM**

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

(One Sheet Per Reference)

Name Of Applicant: \_\_\_\_\_

Name Of Reference: \_\_\_\_\_

1. What is your relationship to the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How long have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How well do you know the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How would you describe the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How would you describe the applicant's ability to relate to children and/or youth?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How would you describe the applicant's ability to relate to adults?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How would you describe the applicant's leadership abilities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How would you feel about having the applicant as a volunteer worker with your child and/or youth?

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9. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.

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10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

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Additional Comments:

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Reference Inquiry Completed By (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return To:  
Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014  
(410) 838-5181

**APPENDIX F**

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

**EMPLOYEE/VOLUNTEER AGREEMENT TO POLICY FORM**

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

This is to confirm that the substance of the Policy of Bel Air United Methodist Church (“**BAUMC**”) for the Prevention of Abuse of Children and Youth (the “**Policy**”) has been communicated to me and that I have been advised that the entire Policy is available on the BAUMC website at <http://www.baumc.com> I also understand that a copy of the Policy will be provided to me upon my request. Included within the Policy is a legal definition of child Abuse and Neglect under Maryland law and written information describing the legal requirements for reporting suspected child Abuse and/or Neglect. I agree to comply with the Policy.

Worker Name: (Please Print) \_\_\_\_\_

Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **APPENDIX G**

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

### **AGE-APPROPRIATE DISCIPLINE METHODS – CHILDREN AND YOUTH**

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

Our goal is to ensure that every child who participates in a Ministry is offered a safe environment where God is the center of all that we do and say.

To do this, we need the children to follow basic rules:

1. Treat everyone with kindness and respect.
2. Follow directions given by the teacher or leader of a Ministry.
3. Remain in the classroom at all times unless escorted by a teacher or leader.
4. Remember, there is no fighting, name calling, or rude behavior.
5. Respect church property and remember this is God's House.

As Parents and Teachers, we realize that children are filled with energy; however, should a child's behavior become disruptive to the class or any Ministry or harmful to self or others, the following actions shall be taken:

#### **Pre-School:**

1. The teacher/leader shall redirect the child's focus to an activity.
2. A verbal reminder and separation from the source of disruption.  
Ex: Separate children, put toy away, etc.
3. Time-out in the classroom. Use this time to explain to the child why it is important to exercise proper behavior.
4. As a last resort, the Parent shall be located and asked to sit with the child or remove him/her from the activity for that day.

#### **Youth:**

Discipline concerning the youth may be left up to the discretion of the Director of Student Ministries and may include the possibility of being sent home at the Parents' expense; provided, however, that in no event may such discipline constitute a violation of this Policy (for example, physical discipline such as spanking or communications which might constitute verbal or emotional abuse.)

## APPENDIX H

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

### PARENTAL RELEASE AND MEDICAL FORM (GENERAL)

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

In connection with any activities or events in which \_\_\_\_\_, my child (or ward) participates that are held, supervised, conducted, or sponsored by Bel air United Methodist Church ("BAUMC"), I hereby waive, satisfy, release and forever discharge BAUMC and its affiliates, its officers, directors, trustees, employees, volunteers, servants, agents and successors, and assign from and against any and all claims, demands, costs, expenses, liabilities, judgments, sums of money, actions, and causes of action of whatever kind and nature including, without limitation, those predicated upon negligence. This is intended to be a general release and waiver including, but not limited to, all claims for property damage, personal injury and any and all other damages of any kind of nature.

I further authorize any adult representative of BAUMC to approve any medical treatment that might be required during any such activity or event.

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Signature Of Parent Or Guardian

Date

Please list any known allergies and preexisting medical conditions:

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#### Medical Insurance Information

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Company

Policy #

#### Emergency Phone Numbers

Parent/Guardian's Name \_\_\_\_\_

Phone \_\_\_\_\_

Beeper \_\_\_\_\_

Cell Phone \_\_\_\_\_

#### Other Emergency Contacts

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

## APPENDIX I

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

### EVENT PARTICIPATION AGREEMENT

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

Your child will be attending the following event sponsored by Bel Air United Methodist Church ("BAUMC"): \_\_\_\_\_

**Event Information**

Date	Time
Location	
Cost	
Transportation	
Notes	
Please Return This Permission Slip By:	
Enclosed is \$ _____ To Cover The Cost Of The Trip. (Exact Cash Or Check Made Payable To BAUMC)	

By signing below, you are agreeing that in case of emergency, BAUMC has your permission for your child to receive medical treatment.

Is your child covered by personal/family insurance?       Yes       No  
**(IF YES, PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD)**

Name Of Insurance Carrier	Number Of Policy
Is Your Child Taking Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Please Specify: _____	

Is Your Child Allergic To Anything?       Yes       No

If Yes, Please Specify: \_\_\_\_\_

In Case Of A Medical Emergency, Please Contact:

Name	Phone
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By signing below, you are (i) giving permission for your child to attend the above described event, (ii) acknowledging and accepting the risk of property damage, personal injury and any and all other damages of any kind or nature associated with your child's participation in such event, (iii) accepting personal financial responsibility for any such damage or injury and (iv) agreeing to hold BAUMC, its affiliates and its representatives harmless from any and all claims, demands, costs, expenses, liabilities, judgments, sums of money, actions, and causes of action of whatever kind and nature associated with your child's participation in such event, including, without limitation, those predicated upon negligence.

## APPENDIX J

### POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

#### COVENANT OF CONDUCT

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

##### Galatians 5:22-23

The fruit of the Spirit is love, joy, peace, kindness, generosity, faithfulness, gentleness, and self control. There is no law against such things. And those who belong to Christ Jesus have crucified the flesh with passion and desires. If we live by the Spirit, let us also be guided by the Spirit. Let us not become conceited, competing against one another, envying one another.

I agree to participate in activities of the EXIT 412 and other youth sponsored activities.

During these activities, I agree to:

- Treat all persons, regardless of race, religion, sexual orientation, and culture with respect and consideration
- Respect the facility we are using
- Portray a positive role model for others by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact, and maturity

During these activities I agree not to:

- Use profanity
- Purchase or participate in the use of drugs or alcohol
- Participate in inappropriate displays of affection or sexual activity
- Conduct myself recklessly such that I cause injury to myself or others
- Make threats that would indicate intent to do bodily harm to self or others
- Participate in criminal mischief, reckless damage or destruction of property, structures, equipment, or vehicles or theft
- Bring or use any weapon(s) fireworks, pets, pornographic materials, or any other inappropriate items
- Abuse others physically (e.g. strike, spank, shake, slap), verbally (e.g. humiliate, degrade, threaten), sexually (e.g. inappropriate touching, exposure, or comments), or mentally (e.g. inconsistent standards, communicating one behavior and rewarding the opposite).
- Use any electronic equipment (such as cell phones, iPods, PDAs, etc.) or other item that may distract me or others from participating in planned activities or that would prevent me or others from getting appropriate and necessary rest.

**Above all, I agree to have fun at all youth sponsored activities.**

I understand that:

- My Parents and I are financially responsible for any damage that should occur because of my negligence or misconduct
- All penalties for violating the Covenant of Conduct are left up to the discretion of the Director of Student Ministries (or assigned clergy), or his/her representative, in consultation with other Youth Advisors. These penalties may include the possibility of being sent home at the Parents' expense.
- The Covenant of Conduct does not cover all situations. In the event that something arises that is not mentioned, the Director of Student Ministries (or assigned clergy), or his/her representative, reserves the right to make all the necessary decisions.

I have read the Covenant of Conduct and fully agree with the conditions. I understand that I will be excused from participating in Exit 412 and other youth sponsored activities if I violate any conditions of this covenant.

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Signature of Participant

Signature of Parent if Participant is Under 18

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Printed Name of Participant

Date

**APPENDIX K**

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

**WAIVER FORM**

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

Ministry/Ministry Event: \_\_\_\_\_

Requested Policy Waiver: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reasons For Requested Waiver: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duration Of Waiver: \_\_\_\_\_

Parental Consent Required (See Policy Section 8.0)  Yes  No

THE UNDERSIGNED HEREBY ACKNOWLEDGE AND CONSENT TO THE FOREGOING WAIVER(S) OF THE POLICY OF BEL AIR UNITED METHODIST CHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH. SUCH WAIVER(S) IS/ARE BEING PROVIDED ONLY WITH RESPECT TO THE SPECIFIC MINISTRIES AND/OR EVENTS DESCRIBED ABOVE. ANY REQUIRED PARENTAL CONSENT TO THE FOREGOING WAIVER(S) MAY BE REVOKED AT ANY TIME PRIOR TO THE COMMENCEMENT OF THE DESCRIBED MINISTRY EVENT DESCRIBED ABOVE BY COMMUNICATING SUCH REVOCATION IN WRITING TO \_\_\_\_\_.

\_\_\_\_\_  
Parent Signature (If Consent Is Required)

\_\_\_\_\_  
Appointed Clergy Signature

\_\_\_\_\_  
Printed Name Of Parent

\_\_\_\_\_  
Printed Name Of Appointed Clergy

\_\_\_\_\_  
Parent Signature (If Consent Is Required)

\_\_\_\_\_  
Printed Name Of Parent

**APPENDIX L**

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

**ACCIDENT/INCIDENT REPORT**

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name Of Involved Person: \_\_\_\_\_

Location Of Incident: \_\_\_\_\_

Program Or Event: \_\_\_\_\_

Description Of How Incident Occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Of Event At Time Of Incident: \_\_\_\_\_

Witness(es) To Incident: \_\_\_\_\_  
\_\_\_\_\_

Procedures Followed: \_\_\_\_\_  
\_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name Of Person Completing Incident Report: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Continued Next Page**

**TO BE COMPLETED BY APPLICABLE DIRECTOR OR APPOINTED CLERGY**

**Reported To Director Or Appointed Clergy:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Summary: \_\_\_\_\_

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**Contact Local Children And Family Service Agency (If Necessary):**

Date/Time: \_\_\_\_\_

Spoke With: \_\_\_\_\_

Summary: \_\_\_\_\_

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**Contact Local Law Enforcement Agency:**

Date/Time: \_\_\_\_\_

Spoke With: \_\_\_\_\_

Summary: \_\_\_\_\_

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**Other Contacts:**

Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Summary: \_\_\_\_\_

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## APPENDIX M

POLICY OF BEL AIR UNITED METHODISTCHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH

### INDEMNIFICATION AGREEMENT

Bel Air United Methodist Church  
21 Linwood Avenue  
Bel Air, MD 21014

**WHEREAS, BEL AIR UNITED METHODIST CHURCH (“Church”)**, has allowed \_\_\_\_\_ (“**Organization**”) to use certain of its facilities located at 21 Linwood Avenue, Bel Air, Maryland (the “**Campus**”) or Mt. Carmel Chapel located at the corner of Emmorton Road and Wheel Road, Bel Air, Maryland (“**Mt. Carmel Chapel**”);

**WHEREAS**, The Organization desires to use said Campus/Mt. Carmel Chapel facilities on a one-time or repetitive basis;

**NOW, THEREFORE**, for and in consideration of the Church’s allowing the Organization to use the Church’s campus and Mt. Carmel Chapel facilities on a one-time or repetitive basis:

The Organization hereby indemnifies, releases, discharges, and holds the Church, the Baltimore-Washington Conference of the United Methodist Church, and all of their officers, directors, trustees, employees, clergy, volunteers and agents harmless from and against any and all actions, claims and/or damages arising from the Organization’s use of the Church’s Campus/Mt. Carmel Chapel facilities.

The Organization hereby represents that it has been provided with a copy of the Policy of Bel Air United Methodist Church For the Prevention of Abuse of Children and Youth, and that it will adhere to all rules, policies, and procedures set forth therein as appropriate for the Organization’s activity. Specifically, in addition to those policies and procedures as appropriate for the Organization’s activity, the Organization shall adhere to Section 2.0 Behavior, and Section 4.1 Staffing.

The Organization hereby agrees this Indemnification Agreement shall include all costs, including, but not limited to, attorney’s fees and costs of court.

The Organization hereby agrees that, in the event that the Organization is notified of, or should have knowledge of, any action, claims, and/or damages covered by this Indemnification Agreement, it shall promptly notify the Church’s Lead Minister in writing, and the Organization shall immediately assume the cost of defense of such actions, claims, and/or damages.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
(Name Of Organization)

By: \_\_\_\_\_(Signature)

Printed Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_