

Safeguarding Team Appointment

_____, _____
(Congregation, School, or other Organization) (City)

As Head of the Organization named above, I have reviewed the qualifications described in Forming a Safeguarding Team and believe the following person(s) to be well-qualified for the designated position(s). Subject to the appointee(s) meeting the training and certification requirements of the Safeguarding Office, I make the following appointment(s) to the Safeguarding Team.

As Safeguarding Records Administrator (SRA):

Name and email address

Name and email address

As Safeguarding Coordinator:

Name and email address

Name and email address

As Trainer:

Name and email address

Name and email address

Signature: _____, _____
Title

Date: _____