



EcclesiaSafe Volunteer Registration Form

Name:

Email:

Home ecclesia:

Education/training/degree:

Professional License Number (if applicable):

Do you have a minimum of 3 years of background addressing abuse? If so, how many years and what is your expertise?

What types of abuse are you trained for and have experience dealing with? Check all that apply

Child

Domestic

Victim

Abuser

Sexual

Other: please describe

Are you willing to sign the ESCG confidentiality agreement?

 Y N

Are you willing to sign the ESCG waiver for conflict of interest?

 Y N

Please return this form via email to erik.sternad@gmail.com