

Volunteer Affidavit GRACE safeguarding training

| 1. | My full name and address are as follows: | |
|-------------|--|--------------|
| | NAME: | |
| | ADDRESS: | |
| 2. | I swear or affirm that I have attentively watched all 4 hours of the recorded volunteer training provided by GRACE to Iron Works Church. | |
| ——— Date | | Signature |
| | | Printed Name |