

APPENDIX D
ACKNOWLEDGEMENT FORM

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- I have received a copy of Baltimore Yearly Meeting’s Youth Safety Policy.
- I have read and understand the contents of this Policy.
- I have participated or will participate in training regarding this policy.
- I understand that it is Baltimore Yearly Meeting’s policy that if I have a suspicion of child abuse, I should immediately do the following:
 - Inform the Program Manager for the program which I am involved in at the time my suspicion arises; AND
 - Report the suspected abuse verbally to the department of social services or the police for the geographic location in which the suspected abuse occurred; AND
 - Follow up with a written report to the civil authorities within 24 – 48 hours of the verbal report.
- I agree to comply with the policies set forth in this Youth Safety Policy.

Signature

Date

Printed Name