



Safeguarding God's People Policy Review Confirmation

Name of Organization: _____ City: _____

I confirm that these people have completed the Policy Review:

Print name of Head of Organization: _____

Signature: _____

Print Name of Member	Name of Board <small>e.g., Vestry, Bishop's Committee, School Board, etc.</small>	Beginning and Ending Term Dates	Date of Policy Review

Please attach this form to the organization's Safeguarding Annual Status Report