## Exhibit 1: Standard Registration Form

***This form is available for download at goarch.org/safety. This is the form prospective Youth Workers will use to register and begin the process needed to become Youth Workers in the Greek Orthodox Archdiocese of America. Youth Workers will then receive an email from Praesidium to complete their registration process.***

*Please complete all of the questions accurately and fully. Attach additional sheets if needed.*

Today’s date:

**Personal Data**

Legal Name:

Nickname (if applicable):

Email Address:

Phone:

Parish: Metropolis:

Parish Priest:

Parish Youth Safety Administrator:

**Acknowledgement, Release and Signature**

To the best of my knowledge, the information contained in this Standard Registration is complete and accurate.

**I Have Read and Understand the Above Provisions.**

Signature:

Signature Date:

## Exhibit 2: Standard Application Form (Optional)

***This form is available for download at goarch.org/safety. Youth Ministry Programs and Events are encouraged to have a rigorous and comprehensive application process for prospective staff, teachers, coaches, etc. The National Department of Youth and Young Adult Ministries offers this as a model form for Youth Ministry Programs and Events, subject to the good faith modifications of Directors.***

*Please complete all of the questions accurately and fully. Attach additional sheets if needed.*

Today’s date:

**Personal Data**

Name:

Street Address:

City: State: Zip:

Email Address: Home Phone: Work Phone:

Cell Phone: Best time to contact you:

Parish: Metropolis:

Parish Priest:

Automobile Insurance Information (if applying for position that requires driving).

What is your insurance carrier?

 What is your limit of liability?

 What is your policy’s effective date?

For what position are you applying?

What interests you about the position for which you are currently applying?

What has prepared you for the position for which you are currently applying?

Please explain your current participation in the Orthodox Church.

Are you a steward in good standing of a parish? Which parish?

What other religious or church-related programs have you been involved in at the parish listed above?

At what other parish(es) have you been a member? Who were the priests then?

What religious or church-related programs have you been involved in at other parishes?

What steps are you taking or have you taken to better know your faith?

Why do you want to be in camping or youth ministry (retreats)?

What do you believe you can contribute to the Youth Ministry Program or Event?

Specifically, what God-given talent(s) can you offer to the Youth Ministry Program or Event?

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult? [ ] Yes [ ] No If yes, please explain below

**Employment History** *(Please complete for prior TEN years of employment)*

**Current Employer:**

Company Name:

Address:

City: State: Zip:

Immediate supervisor name:

Immediate supervisor phone number:

Position held: Employment Dates: from to:

**Previous Employer:**

Company Name:

Address:

City: State: Zip:

Immediate supervisor name:

Immediate supervisor phone number:

Position held:

Dates of employment: from to:

Reason for leaving position:

**Previous Employer:**

Company Name:

Address:

City: State: Zip:

Immediate supervisor name:

Immediate supervisor phone number:

Position held:

Dates of employment: from to:

Reason for leaving position:

**Previous Employer:**

Company Name:

Address:

City: State: Zip:

Immediate supervisor name:

Immediate supervisor phone number:

Position held:

Dates of employment: from to:

Reason for leaving position:

**Volunteer Experience**

Include all experience working with children or youth.

Organization:

Contact:

Phone:

Duties:

Dates: from: to:

**Volunteer Experience**

Include all experience working with children or youth.

Organization:

Contact:

Phone:

Duties:

Dates: from: to:

**Educational History**

Name:

Address:

City: State: Zip:

Phone:

Duties:

Dates: from: to:

Type of school:

Name of program or degree:

Program completed:

**Educational History**

Name:

Address:

City: State: Zip:

Phone:

Dates: from: to:

Type of school:

Name of program or degree:

Program completed:

**Professional/Civic Reference**

Name:

Address:

City: State: Zip:

Phone: How long have you known this person?

Relationship to you:

**Family Reference**

Name:

Address:

City: State: Zip:

Phone: How long have you known this person?

Relationship to you:

**Spiritual Reference (Priest)**

Name:

Address:

City: State: Zip:

Phone: How long have you known this person?

Relationship to you:

**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]**

**Acknowledgement, Release and Signature**

To the best of my knowledge, the information contained in this Standard Application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize [Name of Youth Ministry Program or Event] to request and receive such information.

If hired or chosen, I agree to be bound by [Name of Youth Ministry Program or Event] policies and procedures, including but not limited to the Greek Orthodox Archdiocese Policies for the Safety of Youth and Children. I understand that these may be changed, withdrawn, added to or interpreted at any time at the Greek Orthodox Archdiocese of America’s and [Name of Youth Ministry Program or Event] sole discretion and without prior notice to me. I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of [Name of Youth Ministry Program or Event] or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract between myself and [Name of Youth Ministry Program or Event] for either employment, volunteering or the providing of any benefit.

**I Have Read and Understand the Above Provisions.**

Signature:

 Signature Date:

## Exhibit 3: Standard Re-Registration Form

***This form is available for download at goarch.org/safety. This is the form prospective Youth Workers will use to re-register to maintain their status as Youth Workers in the Greek Orthodox Archdiocese of America. Youth Workers will then be free to apply to participate in or assist with particular Youth Ministry Programs or Events, according to the application process of such Youth Ministry Program or Event.***

*Please complete all of the questions accurately and fully. Attach additional sheets if needed.*

Today’s date:

**Personal Data**

Legal Name:

Nickname (if applicable):

Email Address:

Phone:

Parish: Metropolis:

Parish Priest:

Parish Youth Safety Administrator:

**Acknowledgement, Release and Signature**

To the best of my knowledge, the information contained in this Standard Registration is complete and accurate.

**I Have Read and Understand the Above Provisions.**

Signature:

Signature Date:

## Exhibit 4: Standard Re-Application Form (Optional)

***This form is available for download at goarch.org/safety. Youth Ministry Programs and Events are encouraged to have a rigorous and comprehensive application process for prospective staff, teachers, coaches, etc. The National Department of Youth and Young Adult Ministries offers this as a model form for Youth Ministry Programs and Events, subject to the good faith modifications of Directors.***

*Please complete all of the questions accurately and fully. Attach additional sheets if needed.*

Today’s date:

**Personal Data**

Name: Date of Birth:

Street Address:

City: State: Zip:

How long at current address?

Email Address: Home Phone: Work Phone:

Cell Phone: Best time to contact you:

Parish: Metropolis:

Parish Priest:

Automobile Insurance Information (if applying for position that requires driving).

Who is your insurance carrier?

 What is your limit of liability?

 What is your policy’s effective date?

Are you legally eligible to work in this country? [ ] Yes [ ] No

***Note****: If you are chosen for a paid position, you will be required to show documents verifying your employment eligibility and identity to complete the INS Form I-9 as required by the Immigration Reform and Control Act.*

Please list your addresses in the previous year. *Attach additional information if needed.*

1.

2.

For what position are you applying?

What interests you about the position for which you are currently applying?

What experience have you gained and what do you believe you can contribute as a returning staff member?

Specifically, what God-given talent(s) do you feel you can offer to the program?

What were your strengths and weaknesses as a staff member?

Please explain your current participation in the Orthodox Church in the past year. In what parish programs/ministries have you been involved?

What steps have you taken in the past year to better know your faith?

Please provide any additional information that you feel would be helpful:

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult? [ ] Yes [ ] No If yes, please explain below

**Employment History** *Complete for previous year*

**Current Employer:**

Company Name:

Address:

City: State: Zip:

Immediate supervisor name:

Immediate supervisor phone number:

Position held: Employment Dates: from to:

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

**Previous Employer:**

Company Name:

Address:

City: State: Zip:

Immediate supervisor name:

Immediate supervisor phone number:

Position held:

Dates of employment: from to:

Reason for leaving position:

**Volunteer Experience** *Include all experience working with youth in the previous year*

Organization:

Contact:

Phone:

Duties:

Dates: from: to:

**Educational History** *Complete for previous year*

Name:

Address:

City: State: Zip:

Phone:

Dates: from: to:

Type of school:

Name of program or degree:

Program completed:

**Professional/Civic Reference**

Name:

Address:

City: State: Zip:

Phone: How long have you known this person?

Relationship to you:

**Family Reference**

Name:

Address:

City: State: Zip:

Phone: How long have you known this person?

Relationship to you:

**Spiritual Reference (Priest)**

Name:

Address:

City: State: Zip:

Phone: How long have you known this person?

Relationship to you:

Acknowledgement, Release and Signature

To the best of my knowledge, the information contained in this Standard Re-Application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize [Name of Youth Ministry Program or Event] to request and receive such information.

If hired or chosen, I agree to be bound by [Name of Youth Ministry Program or Event] policies and procedures, including but not limited to the Greek Orthodox Archdiocese Policies for the Safety of Youth and Children. I understand that these may be changed, withdrawn, added to or interpreted at any time at [Name of Youth Ministry Program or Event] sole discretion and without prior notice to me. I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of [Name of Youth Ministry Program or Event] or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract between myself and [Name of Youth Ministry Program or Event] for either employment, volunteering or the providing of any benefit.

**I Have Read and Understand the Above Provisions.**

Signature:

Signature Date:

## Exhibit 5: Code of Conduct for the Safety of Children and Youth (For Youth Workers)

*Read and initial each item to signify your agreement to comply with this Code of Conduct.*

\_\_\_I agree to exhibit the highest ethical best practices and personal integrity.

\_\_\_I agree to provide a professional work environment that is free from physical, psychological, written, or verbal intimidation or harassment.

\_\_\_I agree to treat all Children and Youth with respect at all times.

\_\_\_I agree to treat all Children and Youth fairly regardless of race, sex, age, or religion.

\_\_\_I agree to do my best to prevent Abuse of Children and Youth involved in the [Name of Youth Ministry Program or Event].

\_\_\_I agree not to physically, sexually or emotionally abuse or neglect a Child or Youth.

\_\_\_I have received and reviewed a copy of, and agree to comply with the Greek Orthodox Archdiocese Policies for the Safety of Children and Youth (the “Policy”) developed by the Greek Orthodox Archdiocese of America (“GOARCH”) in cooperation with Praesidium, Inc.

\_\_\_In the event that I observe any inappropriate behaviors or possible policy violations with Children or Youth, I agree to immediately report my observations to my Supervisor and/or to appropriate state authorities as may be required by law, and as otherwise may be required under the Policy.

\_\_\_I specifically acknowledge my obligation and responsibility to protect Children and Youth and agree to report known or suspected Abuse of Children or Youth to appropriate church leaders and state authorities in accordance with the Policy and applicable law.

\_\_\_I understand that GOARCH generally and [Name of Youth Ministry Program or Event] (the “Program”) specifically will not tolerate Abuse of Children and Youth and I agree to fully comply with this position.

\_\_\_ I understand that GOARCH cooperates fully with the authorities to investigate all cases of alleged Abuse and agree to cooperate to the fullest extent possible in any external investigation by outside authorities or internal investigation conducted by the organization or persons given investigative authority by the organization.

\_\_\_ I understand that failure to cooperate fully with any investigation may be grounds for termination.

\_\_\_I understand that I am an at-will employee or volunteer and can be removed from my position at any time and for any reason, or no reason, in the sole discretion of the Program. In addition, and without limiting the above,

The Program may, in its sole discretion, deny the application of any person who answers yes to the following question: “Have you ever been accused of physically, sexually or emotionally abusing a child or an adult?” If I am selected, and the Program later discovers circumstances that would indicate a “yes” answer to the above question, I may be terminated immediately.

The information provided on this form is subject to verification, which may include, but not be limited to, a criminal history check and request for information from any Central Registry of child abusers.

* 1. The Program may, in its sole discretion, terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to
		1. have been the subject of any complaint(s) of abuse of a minor, whether or not criminally charged or the subject of a civil suit;
1. have resigned, been terminated or been asked to resign a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
2. have falsified or omitted information in this disclosure statement

d. This disclosure statement must be updated yearly.

Signature Date:

Signature of Minor’s Parent or Guardian: Date:

## Exhibit 5A: Code of Conduct for the Safety of Children and Youth (For Children, Youth, and Parents)

*Read and initial each item to signify your agreement to comply with this Code of Conduct.*

**For Children and Youth:**

\_\_\_I will act with honest, kindness, and only the best possible behavior at all times.

\_\_\_I will help create a welcoming, safe, and loving atmosphere free from harshness, intimidation, or harassment.

\_\_\_I will treat all Children and Youth with respect at all times.

\_\_\_I will treat all Children and Youth fairly regardless of race, sex, age, or religion.

\_\_\_I will do my best to prevent Abuse of Children and Youth involved in the [Name of Youth Ministry Program or Event].

\_\_\_I will not physically, sexually or emotionally Abuse or Neglect a Child or Youth.

\_\_\_I will act according to the Policies for the Safety of Children and Youth (the “Policy”) developed by the Greek Orthodox Archdiocese of America (“GOARCH”) in cooperation with Praesidium, Inc. I have discussed these Policies with my Parents.

\_\_\_If I do not act appropriately or violate the Policies, I understand that I may face negative consequences, including possibly being sent home from the [Name of Youth Ministry Program or Event].

\_\_\_If I see any inappropriate or suspicious behaviors or possible policy violations with Children or Youth, I will immediately tell a Youth Worker.

**For Parents:**

\_\_\_I have reviewed the Policies and discussed them with my Child or Youth.

\_\_\_I understand the behavior expected of my Child or Youth as well as the potential consequences of misbehavior of violations of the Policies, including potentially being sent from the [Youth Ministry Program of Event].

Signature Date:

Signature of Minor’s Parent or Guardian: Date:

## Exhibit 6: Notice of Concern

Individual(s) of Concern:

Date of occurrence: Time of occurrence:

Type of Concern:

 [ ] Inappropriate behavior with a Child or Youth

 [ ] Policy violation with a Child or Youth

 [ ] Possible risk of abuse

 [ ] Other concern

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, who was notified? Attached additional sheets if needed.

If reported to the State, what was their recommendation about investigating? Attach additional sheets if needed.

Has this situation ever occurred previously? Attach additional sheets if needed.

What action was taken? How the situation was handled, who was involved, who was questioned, were police or other authorities called? Attach additional sheets if needed.

What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation? Attach additional sheets if needed.

Submitted by: (Please print):

Telephone number:

Location and address:

 Signature:

 Date: Reviewed by: Date:

Once completed, please keep a copy for your Youth Ministry Program or Event files and forward to your local Metropolis/Direct Archdiocesan District Youth and Young Adult Ministries Department.

## Exhibit 7: Parish Compliance Letter

[NAME OF METROPOLIS DIRECTOR]

Greek Orthodox Metropolis of [NAME]

[ADDRESS]

[CITY], [STATE] [ZIP CODE]

[DATE]

Re: [PARISH] Youth Safety Compliance for [MINISTY YEAR]

[NAME OF METROPOLIS DIRECTOR]:

In according with the Policies for the Safety of Youth and Children (*the Policies*), I am writing to report on the state of youth safety compliance at [PARISH] for [MINISTRY YEAR].

I have attached a complete roster of Youth Workers to this compliance letter. Every individual on the roster has been registered, trained, and screen as required by the Policies for [MINISTRY YEAR]. No individual on the roster has been disqualified from serving as a Youth Worker, as set forth in the Policies.

The only people at [PARISH] who are currently serving in youth ministry programs and events are the individuals listed as Youth Workers in the attached roster. No other individuals are serving in youth ministry programs and events. No other individuals will be permitted to serve in youth ministry programs and events until the next Registration Period. After the close of that Registration Period, we will create and distribute a new Parish Compliance Letter with the new roster of Youth Workers.

I am available to answer any questions should they arise.

In Christ,

[NAME]

Parish Administrator

[NAME]

Parish Priest

## Exhibit 8: District/Metropolis Compliance Letter

[NAME OF NATIONAL DIRECTOR]

Department of Youth and Young Adult Ministries (Y2AM)

Greek Orthodox Archdiocese of America

8 East 79th Street

New York, NY 10075

[DATE]

Re: Metropolis of [NAME] / Direct Archdiocesan District Youth Safety Compliance for

[MINISTY YEAR]

[NAME OF NATIONAL DIRECTOR]:

In according with the Policies for the Safety of Youth and Children (*the Policies*), I am writing to report on the state of youth safety compliance in the Metropolis of [NAME] / Direct Archdiocesan District for [MINISTRY YEAR].

The Metropolis / District is comprised of [NUMBER] parishes. We have received Parish Compliance Letters for [NUMBER] parishes. I have attached copies of each Parish Compliance Report for [MINISTRY YEAR].

My office has also spot-checked [NUMBER] of parishes in the Metropolis / District and did not find any discrepancies between the youth safety database and the Parish Compliance Letters.

The parishes which my office spot-checked are: [NAMES OF PARISHES].

I am available to answer any questions should they arise.

In Christ,

[NAME]

Metropolis Director

## Exhibit 9: Archdiocese Compliance Letter

[NAME OF LEGAL COMMITTEE CHAIR]

Greek Orthodox Archdiocese of America

8 East 79th Street

New York, NY 10075

[DATE]

Re: Archdiocesan Youth Safety Compliance for [MINISTY YEAR]

[NAME OF LEGAL COMMITTEE CHAIR]:

In according with the Policies for the Safety of Youth and Children (*the Policies*), I am writing to report on the state of youth safety compliance in the Greek Orthodox Archdiocese of America for [MINISTRY YEAR].

The Archdiocese is comprised of the Direct Archdiocesan District and [NUMBER] Metropolises. We have received a District Compliance Letters from the Direct Archdiocesan District and from [NUMBER] Metropolises. I have attached copies of each District/Metropolis Compliance Report for [MINISTRY YEAR].

My office has also spot-checked [NUMBER] of parishes in the District and each Metropolis and did not find any discrepancies between the youth safety database and the Parish Compliance Letters.

The parishes which my office spot-checked are: [NAMES OF PARISHES].

I am available to answer any questions should they arise.

In Christ,

[NAME]

National Director

## Exhibit 10: Memorandum of Understanding

Memorandum of Understanding (the **“Agreement”**)

between

Full Name, **(“Surname”**) of [City], [State],

and

[Parish Name] of [City, [State], (the **“Parish”**)

Whereas, Surname is a registered sexual offender; and

Whereas, Surname desires to attend worship at the Parish; and

Whereas, both parties to this Agreement understand and agree that Surname must not be in proximity to children or youth attending or participating in Parish activities.

Now therefore, with the intent to be legally bound under the laws of the [State] it is agreed by and between the parties as follows:

1. The foregoing premises are a part of this Agreement.

2. Surname shall be permitted to worship at the Parish under the following limitations:

2.1 He/she shall worship only at the [8:00 AM] Sunday service.

2.2 He/she shall enter and exit the building by the [address] entrance.

2.3 He/she shall have permission to enter only to the nave of the Parish and is not permitted in any other areas of the building whatsoever.

2.4 He/she shall not have access to the use of rest room facilities in the Parish.

2.5 He/she shall be under the observation of the [Very] Reverend Father [Name], or Father [Names]’s designee, at all times while at the Parish.

2.6 He/she shall not sit near any Children or Youth and in the event Children or Youth enter the Parish after he has taken a seat he/she shall remove himself from the vicinity of the Children and/or Youth.

2.7 He/she shall not engage in any behavior which is threatening or suggestive toward any persons.

3. Surname agrees that his/her continued permission to attend worship at the Parish is dependent upon his/her compliance with both the letter and the spirit of these limitations.

4. In the event of the failure of Surname to abide by these limitations, the Parish shall be presumed to have no adequate remedy at law and shall have the right to a temporary and permanent injunction preventing Surname from entering the Parish in the event of a violation.

5. This document contains the entire understanding between the parties as to these matters and has been fully read and understood by Surname.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

In Witness whereof, the parties have signed this agreement this [XX] day of [Month], 20[XX].

 [Parish]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Witness [Name]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Witness [Name]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Witness [Name]

Approved by the Metropolis of [XYZ] / Direct Archdiocesan District

 By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [Metropolitan XYZ]

## Exhibit 11: Memorandum of Understanding (Alternate Text)

Memorandum of Understanding (the **“Agreement”**)

between

Full Name, of [City], [State],

and

[Parish Name] of [City, [State], (the **“Parish”**)

*This is a list of suggested guidelines only and should be reviewed with the registered sex offender’s support team (Counselor, Clergy, Probation/Parole Officer, other significant persons) before they are signed.*

The main obvious issue is that you should never be alone with a child (anyone under 18). You are the adult. You do what it takes to make this happen. You do what it takes to avoid being alone with a child, at all costs.

Someone at your church should know about your offense history. Depending upon your risk level, it may be that the professional staff of the church and people who hold paid or volunteer positions of authority and trust such as Ministers, Youth/Children's Minister, Elders, Deacons, should know. It will be tempting to start fresh at a new church where no one knows you, or your history. This is very dangerous. Consult your counselor on this one.

Never initiate physical touch with anyone under 18 years old. This includes hugs and handshakes. You should never discuss the physical appearance of anyone under 18 years old. Hugs are common in church settings. If someone under 18 years of age attempts to hug you make it a handshake. It is a good idea for you to also refrain from initiating physical contact, other than handshakes with adults.

How you deal with the issue of the restroom at church should be discussed with your counselor and Clergy. For some of you this is not an issue. This depends on your risk level. Some of you should not go into the restroom at all unless you have an adult escort. Some of you however, can use the same relapse prevention strategies that you use in the community to avoid being alone in the bathroom with a child. Plan ahead; be vigilant. Use the restroom before you attend the church. You should not leave the sanctuary during the church service to go to the restroom.

You should not be wandering the hallway and in the area of the church building where the Sunday school classes are taught alone, especially during the church service, Remember your argument is that the church service and the worship experience are very important to you. If it is, then why would you be leaving it to go on hall patrol?

You will not be in a position of authority and trust over any person under 18 years old. This includes Sunday school, helping with the nursery, or even leading songs for a teenage or children's class. Let me be very clear here: You cannot be even a 'helper' in these activities. These activities put you in a 'zone' or a way of thinking of relating to kids on their level- a place where you do not need to be.

Remember the word boundaries. You are the one that needs to exercise them.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

I have read the above rules and guidelines with my Clergy/minister, counselor, parole or probation officer, and I agree to follow them. [Parish]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Date

I have read these rules and agree to support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in following them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Date

Approved by the Metropolis of [XYZ]

 By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [Metropolitan XYZ]

## Exhibit 12: Policies Non-Disclosure Agreement

[NAME OF ARCHDIOCESAN YOUTH SAFETY COMPLIANCE OFFICER]

Department of Youth Safety Compliance

Greek Orthodox Archdiocese of America

8 East 79th Street

New York, NY 10075

[DATE]

Re: Policies Non-Disclosure Agreement for [MINISTY YEAR]

[NAME OF NATIONAL DIRECTOR]:

In according with the Policies for the Safety of Children and Youth (*the Policies*), I have been appointed to be the Parish Youth Safety Administrator of Youth Safety Compliance for [NAME OF PARISH/METROPOLIS/ARCHDIOCESE] for the [YEAR] Ministry Year.

I understand that my position will give me access to confidential information about both our [PARISH/METROPOLIS/ARCHDIOCESE] Youth Workers and potential Youth Workers. This information includes items like addresses, telephone numbers, and the results of background screens.

By accepting this position as [PARISH/METROPOLIS/ARCHDIOCESE] Parish Youth Safety Administrator, I agree to keep this confidential information strictly private. I will only share this confidential information (1) with the District/Metropolis and/or Archdiocese as required for administrative and compliance purposes; (2) with the express written consent of the person in question; or (3) to comply with a valid legal order.

I agree to work diligently to ensure the comprehensiveness, accuracy, and privacy of the youth safety database I will manage in my role as [PARISH/METROPOLIS/ARCHDIOCESE] Parish Youth Safety Administrator.

I understand that breaching this agreement will, besides undermining the trust and goodwill of my community and the Church, potentially expose me to both civil and criminal penalties under the law.

In Christ,

[NAME]

Parish Youth Safety Administrator