

Sample Contingent Participation Agreement

NOTE: This document should be used in association with the information provided in the white paper, entitled: **Tough Issues: Registered Sex Offenders in Ministry Activities**. The white paper provides detailed information about developing policies and procedures to assess the background of sex offenders and supervise their behavior while on church property.

Name: _____

Address: _____

Phone: _____

Date of birth: _____

Driver's license number: _____

Social Security Number: _____

In consideration for being permitted to participate in ministry activities, I, _____ agree that my continued participation in ministry activities and admission to ministry property is contingent upon my adherence to the following conditions:

1) I, _____ agree to abide by all policies and procedures of the ministry to protect the health and safety of the children, youth, and vulnerable adults.

2) I, _____ may not participate in any ministry activity or enter any ministry area with out the presence of my designated chaperone(s):

I understand that it is my responsibility to comply with this condition and that failure of my designated chaperone to monitor my presence will not release me from this condition.

3) I, _____ may participate in the following ministry activities:

4) I, _____ may not participate in the following ministry activities:

5) I, _____ may enter the following ministry areas:

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6) I may not enter the following ministry areas:

7) I, _____ agree to indemnify, defend, and hold the ministry harmless for any liability which may result from my participation in ministry activities or presence on ministry property.

8) I, _____ am not eligible for any employment or volunteer position with the ministry.

9) I, _____ understand that my identity, information about my record, the terms of this agreement, and the reasons for the decision to require this agreement may be disclosed to ministry staff and members. I hereby consent to such disclosure and waive any and all right to take legal action against the ministry, its employees, and members for such disclosure authorized by this agreement. I voluntarily release the ministry and any person or entity listed on this form from liability involving the communication of information relating to my background or qualifications.

I have reviewed this document and agree to abide by its provisions. I agree that if I violate the conditions of this agreement, the ministry may take action against me, including, but not limited to: contacting relevant legal authorities, denying me access to ministry property, and denying me the ability to participate in ministry functions.

I understand that this agreement will be reviewed periodically and will remain in force until such time as the ministry deems it appropriate to modify it. I agree that the ministry may modify the terms of this agreement at its sole discretion.

I further understand that the ministry will rely on the accuracy of the information I provide. Accordingly, I affirm that the information I have provided is true and correct to the best of my knowledge. I further authorize the ministry to conduct additional background investigations of me at its discretion.

Signed: _____ Date _____

Signature _____ Date _____

Witnessed by: _____

Response Team Chairman _____ Date _____

Designated Chaperone Director _____ Date _____

Designated Chaperone _____ Date _____