**ACKNOWLEDGMENT**

I, hereby acknowledge that I have received and read the Sexual Misconduct Policy of John Calvin Presbytery, Presbyterian Church (USA). I will conduct myself in accordance with this Policy. I understand that the Presbytery of John Calvin will adhere to the provisions and procedures of its Policy. I will make myself available to participate in Presbytery’s educational processes that interpret the Policy.

Name (printed)

Address

Position

Employer

Signature

Date

A digital (typed) signature is acceptable.

Please return SIGNEDcompleted form by email (or postal mail) to:

Gail Wilson, Recording Clerk

gwilson@jcpresbytery.com

John Calvin Presbytery

P. O. Box 1083

Aurora, MO 65605