

KNIGHTS OF PETER CLAVER

and Ladies Auxiliary

BIENNIAL JUNIOR NATIONAL CONVENTION



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CHILD PROTECTION POLICY CERTIFICATE

COMMANDER/COUNSELOR/CHAPERONE/VOLUNTEER	
BRANCH/COURT NAME	UNIT No.

KPC CHILD PROTECTION POLICY

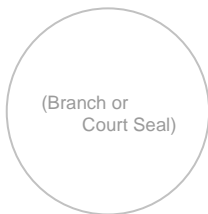
I understand that any action inconsistent with the policy listed above, or my failure to take action mandated by the policy and programs may result in disciplinary action, up to and including the termination of my voluntary service. The KPC Child Protection policy may be downloaded from the forms and document area of www.kofpc.org.

By signing this form, I declare that I have received, read, and understand and agree to comply with the following policies in effect for the Knights of Peter Claver, Inc.

Printed Name of Chaperone
Signature of Chaperone
Date
Contact Phone Number

****TO BE COMPLETED BY THE COMMANDER/COUNSELOR AND GRAND KNIGHT/LADY****

I certify that the above individual has completed arch/diocesan child protection training and background checks in compliance with the National KPC Child Protection Policy.



Signature of Commander/Counselor

Signature of Grand Knight/Lady

MAKE 2 COPIES FOR EACH CHAPERONE REGISTERED
Keep (1) copy and forward (1) copy to the National Office with your registration