THE EPISCOPAL DIOCESE OF SAN DIEGO

Policy and Procedures for addressing Allegations of Sexual Misconduct

Annual Declaration regarding Pastoral Care for 2017 and compliance with diocesan policies for Safeguarding God's People

PRINT CLEARLY

FULL NAME		TITLE Clergy, Lay Employee or Volunteer Counselor
CHURCH/INSTITUTION		CITY
agree to abid	uct: Prevention and Response" ("Policy	pal Diocese of San Diego Policy Manual on Sexual abuse Manual"), that I understand their contents, and that I erials. I have taken the required training for every five years.
I declare tha	at during the past year:	
	I have not provided counseling to an individual for more than six sessions.	
	I have provided such care to an individual for more than six sessions, but after six sessions I have sought and obtained professional supervision for such care or have referred the individual to professional counseling.	
	I do not and will not charge a fe within the scope and performan	e or accept a donation for such pastoral care performed ce of my church employment.
	I have performed pastoral counseling outside of the scope and performance of my church employment and I possess valid and appropriate professional credentials under the laws of the State of California and I have attached hereto proof of professional liability insurance (other than through the Church Insurance Company), including coverage for Sexual Misconduct, in force at all times.	
DATE		
	SIC	GNATURE
WITNESS		
	SIGNATURE	

*Instructions: This form is to be completed annually and sent to the Office of the Bishop by March 1, 2018 by all clergy canonically resident in the diocese, all clergy licensed to perform sacerdotal functions in the diocese, and all lay persons who give pastoral care under the sponsorship of a parish, mission, day school or other institution of the diocese.