**Ministry Agreement**

**Grain of Wheat Church Community**

***I accept the responsibility to nurture the well being and Christian faith of the children and youth of Grain of Wheat Church-Community and to care for them as Christ cares for me.***

***I have read, understood, and agree to abide by the “Grain of Wheat Church-Community Safe Church Policy.”***

***I have completed the application to become an approved adult.***

***I have attended the Child Protection training provided by Grain of Wheat Church Community.***

**Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date *\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**