

ACC Credentialed Leader Covenant

to be completed by all active and retired credentialed leaders living in the state of Pennsylvania and signed by a congregational representative who has reviewed and retains copies of the leader's background check results

Name:

Home Congregation:

Primary Phone number:

E-mail address:

Home address:

Please list completion dates of req'd clearances:

PA Child Abuse History Clearance _____

PA State Police Criminal Record Check _____

FBI Fingerprint Check _____

As an actively credentialed leader with Atlantic Coast Conference, I covenant as follows:

- I have never been charged with or convicted of child abuse or any criminal conduct relating to children, nor have I ever been listed as the perpetrator of an indicated or founded report of child abuse on Pennsylvania's or any other state's registry.
- I have never been convicted of any legally disqualifying offenses according to the PA state definition.
- I have undergone these background clearances: 1) the Pennsylvania Child Abuse History Clearance; 2) the Pennsylvania State Police Request for Criminal Record Check; and 3) the FBI Fingerprint Check. Results from these background clearances are and will remain on file with my home congregation (noted above).
- I understand that failure to remain compliant with ACC's policy on obtaining required background checks will require the suspension of my credentials.
- I understand what constitutes "child abuse" under Pennsylvania's Child Protective Services Law.
- I understand and will comply with my duties as a mandated reporter of suspected child abuse under Pennsylvania's Child Protective Services Law.

Signatures on second page

Signatures:

signature of credentialed leader

date

As a congregational representative, I have reviewed the results of this ACC credentialed leader's background certifications and affirm that this individual meets the criteria listed above. Copies of these certifications are and will remain on file with the congregation for as long as employee records are kept.

printed name of congregational representative

signature of congregational representative

date

Please return this completed form to:

Atlantic Coast Conference
100 Quarry Road
Leola, PA 17540
office@atlanticcoastconference.net

Please contact the ACC office with any questions:
office@atlanticcoastconference.net
717-394-8107