

Event: \_\_\_\_\_

Emergency Cell or phone Contact # \_\_\_\_\_

**Event Coordinator Covenant**

Setauket Presbyterian Church  
Setauket, NY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_  
*Home* *Work*

Church Committee / group: \_\_\_\_\_

Please read this covenant carefully. If you have any questions, please contact the pastor or the chairperson of the committee / group sponsoring the event.

Please initial each statement:

\_\_\_ I have provided the Administrator with the names of all volunteers for this event at least two weeks prior to the event

\_\_\_ I have verified that permission slips and medical release forms for all youth participants are completely filled out and signed by a parent / guardian, and photocopies of all forms have been left in the church office.

\_\_\_ For an off-site event, I have verified with the Child Protection Policy Administrator that every driver of children and/or youth has been deemed qualified to drive pursuant to requirements of the Child Protection Policy.

\_\_\_ I have verified with the Administrator that all adult volunteers have completed the Volunteer Information Form and Adult Advisor Event / Driver Covenant Form and have been deemed qualified to serve as a volunteer with children and youth.

\_\_\_ I have verified that the youth / adult ratios set forth in the Child Protection Policy for Children and Youth of the Setauket Presbyterian Church of Setauket, NY have been met.

\_\_\_ For an off-site event, I will be responsible for assigning children / youth and adult volunteers to vehicles both to and from events, and I will verify that all children / youth are accounted for before returning to church from the event.

\_\_\_ **I will submit a copy of this form to the Administrator prior to the event.**

Event Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_