



Presbytery of Des Moines



Lakeshore Center at Okoboji
1864 Hwy. 86
Milford, IA 51351

(319) 233-1747
office@presbyteries.org

FORM FOR IMPLEMENTING POLICY ON SEXUAL MISCONDUCT Acknowledgment of Review for Session

I hereby acknowledge that the Session of _____ Presbyterian Church in _____, Iowa received a copy of the Presbytery of Des Moines' Sexual Misconduct Policy contained in the Manual of Operations (November 11, 2023), that the Session has read the policy, understands its meaning, and agrees to conduct itself in accordance with the policy.

Clerk of Session Signature

Printed Name

Date

This policy is to be reviewed annually by each Session. This affirmation is to be signed by the Clerk of Session and submitted to the Presbytery office.

Please return to: Presbytery Office or office@presbyteries.org
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