



CHURCH SAFETY OPERATIONS APPLICATION

Date: _____

Name: _____

Address: _____

Phone: _____ Email Address: _____

Home Church Name: _____

Pastor Name: _____ Pastor Phone: _____

Please check box for current membership level.

Gatekeeper Shepherd Organizational Member

Level of certificate desired:

- Essentials of Church Safety Operations Unarmed 28 hours
- Essentials of Church Safety Operations Armed 44-52 hours
- Peacemaker Intermediate Church Safety Operations Unarmed 40 hours
- Peacemaker Intermediate Church Safety Operations Armed 63 hours
- Gatekeeper Advanced Church Safety Operations Armed 84 hours
- Shepherd Leadership in Church Safety Operations 25 hours

Are you currently a user of illegal drugs? ___yes ___no

Have you ever gone through treatment for alcohol or drug abuse? ___yes ___no
If yes, please describe on back.

Are you currently being treated for alcohol or substance abuse? ___yes ___no

Have you ever been arrested and/or convicted of a crime? ___yes ___no
If yes, please describe on back.

Have you ever been accused and/or convicted of any form of child abuse? ___yes ___no

I understand AZCSN Membership must be maintained throughout the time I am enrolled in this program. Participants must be currently serving in the safety/security ministry at their house of worship or faith-based organization. I recognize all program requirements must be met within eighteen months of the approval of this application.

I understand there is a \$10 registration fee due at the time of application. When I have completed all of the requirements for my selected certificate, I must complete an application of completion and pay a \$25 certificate fee prior to receiving my certificate and lapel pin. I recognize annual membership and separate course fees will apply.

I understand certificates expire two years after the date of completion. Certificates may be renewed every two years by completing the continued education requirements for the specific certificate prior to its expiration date. If a certificate holder has advanced to another certificate level, only the highest-level certificate needs to be renewed.

I recognize I do not have to take the following courses CPR/First Aid/AED and Stop-the-Bleed through AZCSN. Evidence of current CPR/First Aid/AED and Stop-the-Bleed training is required at the time of earning the certificate. Courses completed must have involved practical hands-on experience. Online only courses will not count for the requirements.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects. I affirm I understand the program requirements and Code of Conduct.

Signature: _____ Date: _____

Code of Conduct

All AZCSN Church Safety Operations certificate candidates must agree to the Code of Conduct prior to being considered for membership.

Practice precepts of service, integrity, accountability and honesty in all my duties.

Promote the advancement of professional safety operations in faith-based environments.

Support the education of members and the general public in a diligent, loyal, honest manner, and not knowingly be a part of any illegal or improper activities.

Serve in accordance with all local, state and federal laws.

Cooperate with others in the interchange of knowledge and ideas for mutual protection.

Use the resources and products of the AZCSN for the service of the safety of our faith-based community.

Protect any and all information entrusted to me from public release in any way without prior approval of the leadership.

Maintain confidentiality, and prevent the use for competitive advantage at the expense of other members, of information obtained in the course of my involvement with AZCSN, which includes but is not limited to:

Information concerning the business of a fellow member or company.

Information identified as proprietary, confidential or sensitive.

Protect and respect the privacy rights, civil rights, and physical and intellectual property rights of others.

I agree to abide by the AZCSN Code of Conduct.

Signature Date

For internal use only

Date Application Received: _____

Member Level _____ Expiration Date _____

Member Number _____ Fee Received _____

Code of Conduct Signed Course Card Attached Application Signed

Program Application Approval Signature

Application of Completion Received _____ Fee Received _____

Confirmation of Program Requirements _____

Date Certificate Issued _____ Renewal Date _____