



**CCD Training Confirmation Form**

***In conjunction with and in cooperation with the policy set out by DEXCOM (January 14<sup>th</sup>, 2008); We \_\_\_\_\_ have provided a***

*(Name of Church)*

***\_\_\_\_\_ week training program for our Short Term Mission team that will be***

*(# of Weeks)*

***ministering in \_\_\_\_\_ on \_\_\_\_\_ .***

*(Country of Primary Ministry)*

*(Trip Dates)*

***We have had our leader(s) and each of the participants review and sign off on The Risk Management Policy Forms .***

***Team Leader: \_\_\_\_\_***

***Senior Pastor: \_\_\_\_\_***

***Date: \_\_\_\_\_***

***\*\*\* As per the policy passed by DEXCOM at their January 14<sup>th</sup> board meeting; all Short Term Missions (STM) sponsored or endorsed by a local Alliance Church, must have in place some form of training program including current Risk Management Training.***