

## SESSION MEMBER, EMPLOYEE & VOLUNTEER SECURITY ACCESS REQUEST

Name of Individual Requiring Access: (Please Print) \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours: \_\_\_\_\_ am / pm

Status: Session Member, Paid Employee -or- Volunteer (circle one) \_\_\_\_\_ to  
\_\_\_\_\_ am / pm

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**CONFIDENTIALITY/CONSENT STATEMENT:** *(To be read and signed by the individual requiring access.)*

I hereby attest that I am entitled to the confidential church security access to which I am requesting by means of employment. I agree to not release confidential access information, access control card, or administrative/security process. Release of this information/access can only be done upon direct authorization of Good Shepherd Presbyterian Church. I understand that a violation of this policy will subject me to forfeiture of the security control access card and possible termination. Policy is as stated:

1. One security access control card issued per employee. Additional or replacement access control cards can be issued for a charge of \$5.00, at the discretion of the church.
2. Security access control card(s) will not be shared with other students, parents, preschool or church employees, or other persons of interest.
3. Security access control card must be returned, in good condition, upon end of assignment or employment, as applicable. Failure to do so will result in a charge of \$5.00 per card.
- 4.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

*(for office use only)*

Access Control Number: \_\_\_\_\_ Approved by: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Processed by: \_\_\_\_\_