



ACTIVITY SUPERVISORY CERTIFICATION FORM _ New 2021

This form is to be completed for all persons involved in the supervision or custody of minors while attending any Network activity involving children and youth. It is being used to help the Network provide a safe and secure environment for those children and youth who participate in our Network sponsored programs.

It is **MANDATORY** that any adult attending the event listed below have a **BACKGROUND CHECK** by the church listed below. The church listed below will be the responsible party to ensure that each individual listed below has had a **BACKGROUND CHECK** within the last 12 months of this event.

PLEASE PRINT CLEARLY:

Name of Event: _____ Date: _____

Church Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

➤ Person in charge of group at this event: _____

List full name of all persons who will be attending this event in a supervisory or custodial capacity:
(The pastor's initials must be on each line just after the listed name.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Does your church have a written child abuse policy on file? ____ YES ____ NO

➤ **PASTOR'S CERTIFICATION OF CHURCH WORKER(S):**

I am personally acquainted with the above named person(s), and in my opinion he or she is/are competent and qualified for work with minors. I know of no facts or allegations that raise any question concerning suitability for working with minors during the above stated Network activity. Persons listed above have had a background check within the last 12 months and are on file with this church.

Pastor's Signature of Affirmation* _____

***Participation in this event will be denied for those acting in a supervisory/custodial capacity if not signed by the Pastor.**