



OZARKMISSIONPROJECT
OZARK MISSION PROJECT
BACKGROUND CHECK VERIFICATION FORM

In order to promote a safe environment for all youth and adult participants at Ozark Mission Project, each church must certify that it has conducted a background check on all persons who are 18 years or older or who will be chaperoning or working with youth at camp. The background check must include a criminal background check as well as a child maltreatment registry check.

OMP Camp and Date _____
Church Name _____
Church Address _____
Church Phone _____

Please print the name of each person 18 years or older or who will be chaperoning or working with youth, including yourself, attending the event identified above.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

I, _____ (Youth Leader's Name) acknowledge that _____ (Church Name) has conducted a criminal background check and a child maltreatment registry check on all persons who will be chaperoning or working with youth at Ozark Mission Project on _____ (Date of Event) and all such participants have been approved by the local church to work with children, youth and other adults. We agree to indemnify, protect and hold harmless Ozark Mission Project for any liability related to any action of any participant being sent by _____ (Church Name).

TWO separate signatures are REQUIRED.

- 1. _____
Trip Leader's Signature Date
- 2. _____
Senior Pastor or Associate Pastor Date
(Other than, and not related to, the Trip Leader)

Send a copy of this completed form to:
Ozark Mission Project
Attn: Carissa Tarkington
PO Box 26525
Little Rock, AR 72221