



Children ✨ Student ✨ Youth Workers
 Background Screening
 Affidavit
 Page 1

This form is to be completed in its entirety and signed by the Senior Pastor of the church.

Legal Name of Church: _____

If operating under a different name:

DBA: _____

City (Location): _____ State: _____

Phone Number: (_____) _____ - _____

Senior Pastor: _____

Please list each individual separately

1. Last: _____ First: _____ Date of
 Address: _____
 Phone: (_____) _____ - _____ Date of Birth: _____ Background ✓: _____

2. Last: _____ First: _____ Date of
 Address: _____
 Phone: (_____) _____ - _____ Date of Birth: _____ Background ✓: _____

3. Last: _____ First: _____ Date of
 Address: _____
 Phone: (_____) _____ - _____ Date of Birth: _____ Background ✓: _____

4. Last: _____ First: _____ Date of
 Address: _____
 Phone: (_____) _____ - _____ Date of Birth: _____ Background ✓: _____

5. Last: _____ First: _____ Date of
 Address: _____
 Phone: (_____) _____ - _____ Date of Birth: _____ Background ✓: _____

District Use Only	
Department: _____	Date Received: _____
Date Received by Custodian of Records: _____	Date Entered: _____



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Name of Church: _____

The information that has been provided on the attached document(s) for the _____ [# of individuals listed] individuals is correct and accurate. This document, including this signature page, consists of _____ pages.

The undersigned Pastor warrants that (the above named church) has run background screening and has checked references on all volunteers, employees and pastors that will be working with children at the District sponsored event, and is not aware of any information that would suggest that any of said persons pose a risk of harm to minors.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

signature of affiant (Senior Pastor)

printed name of affiant (Senior Pastor)

Event Information	
<input type="checkbox"/> Children's Ministries	<input type="checkbox"/> Student Ministries
<input type="checkbox"/> Royal Rangers	<input type="checkbox"/> Girl's Ministries
Name of Event: _____	
Date(s) of Event: _____	