**Adult Background Check Form**

**Statement of Compliance:**

*This form is turned in upon arrival at on-site registration.*

The volunteering adult sponsors named below are known to the staff or recognized the leadership of the participating church and the participating church warrants that it has used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME OF COMPANY) to perform a criminal background check of the National Registry of Sex Offenders and a state/county criminal check on all adult sponsors. The participating church warrants it has run these checks within the last 18 months (from date of camp) and further verifies that it has brought only adult sponsors listed on this form.

**The church acknowledges that it is responsible for the selection and supervision of adult sponsors and further warrants that it has exercised due diligence in the selection of adult sponsors.**

None of the adult sponsors have a Red Flag Offense listed on their check. We have attached a letter to the SCBO as applicable for those with a Yellow Flag Offense.

Furthermore, in consideration of being allowed to attend this event, the church hereby agrees to indemnify and hold harmless the SCBO, their agents or employees, against any and all causes of action, rights, claims or suit which may be against the SCBO, or their agents or employees as a result of the church’s negligence in the selection and/or supervision of students.

Names of all adult sponsors (alphabetized)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Last Name** | **First Name** |  | **Last Name** | **First Name** |
| **1** |   |  | **6** |  |  |
| **2** |  |  | **7** |  |  |
| **3** |  |  | **8** |  |  |
| **4** |  |  | **9** |  |  |
| **5** |  |  | **10** |  |  |

Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_

Pastor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date      / /

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_