

Verification of Screening Application Of Adult Workers at Home Church

Please print all information except Signatures

For Adults Attending the

Event: _____

Date: _____

Location: _____

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Church: _____ City: _____

I am a registered adult attending the above event as:

____ Coordinator, ____ Sponsor, ____ Helper, ____ Minuteman, ____ FCF

Pastor's Certification for Church Worker

I am personally acquainted with the applicant, and in my opinion she/he is competent and a qualified children's/youth worker. I know of no facts or allegations that raise any questions concerning her/his suitability for working with minors in any MPact activity. This applicant has completed a screening application that is on file with this church.

Pastor's Signature of Affirmation: _____

Date of Pastor's Signature: _____

Each adult **MUST** have this form completed and
turn in at registration upon arrival at the event.