



Children ✨ Student ✨ Youth Workers
Background Screening
Affidavit



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

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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State of California

County of _____

The information that has been provided on the attached document(s) for the _____ [# of individuals listed] individuals is correct and accurate.

The undersigned Pastor warrants that it 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.

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: _____	

signature of affiant (Senior Pastor)

printed name of affiant (Senior Pastor)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature of Notary

My commission expires: _____, 20____.

[Notary Seal]