ADULT VERIFICATION FORM 2027

This application is to be completed by all applicants for any GA District event involving the supervision or custody of minors. This form ***MUST*** be approved and signed by the Lead Pastor (or if Lead Pastor is unavailable a Board Member) ONLY. After completion, please scan and email to kidmin@gadistag.org.

YOU ARE REQUIRED TO FILL OUT ONLY ONE PER CALENDAR YEAR FOR ALL DISTRICT EVENTS.

PERSONAL

Name _____ Birthday _____ Gender at Birth _____
Address _____ City _____ State _____ Zip _____
Home/Cell Phone _____ Email _____
Marital Status _____ Occupation _____
Church _____ City _____
List previous church work involving youth/children _____
_____
List previous non-church work involving youth/children _____
_____

YES ____ NO ____ 1. Do you currently use tobacco, alcohol, nicotine products, or any illegal drugs? If yes, explain on back.
YES ____ NO ____ 2. Have you ever been charged or convicted of a crime, excluding traffic violations? If yes, explain on back.
YES ____ NO ____ 3. Have you been charged or convicted of physical or sexual crimes, such as but not limited to abuse, assault, molestation, harassment, etc.? If yes, explain on back.

MEDICAL

List all health issues that might affect your ability to participate at a Youth/Children's event:
_____
_____

Emergency Contact _____ **Cell Number**_____
Relationship to Applicant _____

I hereby authorize and request any medical doctor, medical clinic, or hospital emergency room physician to administer such treatment, including any procedure, as their judgment deems necessary. I fully understand that the **CAMP INSURANCE IS SECONDARY COVERAGE** and covers accidents only with a limited benefit per incident, and I will need to file on my insurance first. I accept full responsibility for any charges related to causes other than accidents or charges beyond the maximum amount of the camp insurance. **Initials _____**

Applicant's Commitment and Authorization:

I pledge myself to serve in cooperative ministry with the directors of the Georgia District Assemblies of God. I will maintain a personal discipline and a spirit that exemplifies Christ. I will put the physical, mental, and spiritual welfare of the campers as a priority. **Initials _____**
I authorize the reference listed below to give you all pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing this information. **Initials _____**

Signature _____ **Date** _____

UNDERSIGNED CHURCH AUTHORIZATION:

The undersigned church authorizes that the above-named participant is capable to work with minors at the GEORGIA DISTRICT COUNCIL ASSEMBLIES OF GOD, INC. Timber Lake Retreat Center. **Further states, the undersigned church has done a background check *within the last 24 months*, including a National Criminal Search and a National Sex Offender Search on above-named participant.** The undersigned church further warrants they are aware of no information that would suggest above named participant to pose a risk of harm to minors.

(REQUIRED) Applicant's most recent background check conducted by the church. Date _____

Lead Pastor/Board Member Name _____ **Phone**_____

Lead Pastor/Board Member Signature _____ **Date** _____