

ADULT VERIFICATION FORM 2026

TIMBER LAKE RETREAT CENTER ONLY

This application is to be completed by **all applicants** for **any Georgia Assemblies of God church lodging use** of Timber Lake Retreat Center that is **separate** of a Georgia District Assemblies of God event and involves the supervision and/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 send to Timber Lake Retreat Center via the booking link or kate@gadistag.org.

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 I will need to file my own insurance for any ailments or accidents that may occur during my stay at Timber Lake Retreat Center and agree to hold the Georgia District of the Assemblies of God, Timber Lake Retreat Center, and their representatives harmless.

I accept full responsibility for any financial obligations and/or charges associated that my own insurance may not cover. **Initials** _____

Applicant's Commitment and Authorization

I pledge myself to serve in cooperative ministry with the leadership of the Georgia District Assemblies of God and Timber Lake Retreat Center. I will maintain a personal discipline and a spirit that exemplifies Christ. I will put the physical, mental, and spiritual welfare of the minors in my charge as a priority. **Initials** _____

Applicant's Authorization for the Release of Information

I authorize the reference listed below to give the Georgia District Assemblies of God and Timber Lake Retreat Center 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) Date of applicant's most recent background check conducted by the church:

Date _____

Lead Pastor/Board Member Name _____

Phone _____

Lead Pastor/Board Member Signature _____

Date _____