

## ADULT VERIFICATION TO SERVE WITH MINORS APPLICATION

This application is to be completed by all applicants for any event involving the supervision or custody of minors. This form **MUST** be approved and signed by the Lead Pastor or a Board Member. After completion, please email to Russell Smith at [russell@gadistag.org](mailto:russell@gadistag.org) or mail form to Georgia Assemblies of God, GA District KidMin/PO Box 28470/Macon, GA 31221.

**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 judgement 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 for the campers as 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, 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.

**Lead Pastor/Board Member Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_