



Children ✂ Student ✂ Youth Workers  
Background Screening  
Affidavit



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

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 ✓: \_\_\_\_\_

<b>District Use Only</b>	
Department: _____	Date Received: _____
Date Received by Custodian of Records: _____	Date Entered: _____



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Name of Church: \_\_\_\_\_

The information that has been provided on the attached document(s) for the \_\_\_\_\_ [# of individuals listed] individuals is correct and accurate. This document, including this signature page, consists of \_\_\_\_\_ pages.

The undersigned Pastor warrants that (the above named church) 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

\_\_\_\_\_  
*signature of affiant (Senior Pastor)*

\_\_\_\_\_  
*printed name of affiant (Senior Pastor)*

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: _____	