Florida Pathfinder Background Check List
Event: TLT Operations Janurary 18-20, 2019

Church Name: _____

List all Adult Staff (18+)

Name of Adult / Adult Staff	Shield the Vulnerable Background Check Completed Date	Verified Volunteers Background Check Completed Date

Name: _____ Signature: _____
(Please print Club Director's Name) Club Director

Phone Number: _____ Email: _____

☐ By signing this document, I verify that the information included above regarding the completed and cleared background check on each adult listed is accurate and true; and I am fully aware of the risk to children and our church if I do not complete this task.
I take full responsibility to ensure that only adults that have been properly screened and cleared will be allowed to attend events with our club at any time, or in any place.

Name: _____
(Please print Pastor's Name)

Signature: _____
Pastor

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NOTARY (if not signed by the Pastor)