

## Florida Pathfinders State Camporee 2017 Background Checklist



**Church Name:** \_\_\_\_\_

## List of Adults (18+) Attending/Staying Overnight

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please print) 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

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**I take full responsibility to ensure that only adults that have been properly screened and cleared will be allowed to attend events with children.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
Pastor

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.**

**NOTARY** (if not signed by the Pastor)