Florida Pathfinder Background Check List Event: TLT Operations Aug. 30 - Sept. 1, 2019

Church Name:

Name of Adult / Adult Stat	Verified Volunt f Background Ch Completed D	neck
ame:	Signature:	
(Please print)	Club Director	
I By signing this document, I verify that the information included dult listed is accurate and true; and I am fully aware of the risk to take full responsibility to ensure that only adults that have been ur club at any time, or in any place.	children and our church if I do not comple	ete this task.
ame:	Notary (if not sign	ned by Pasto
gnature:Pastor	1101017 (11 1101 0191	.ou .y . uoto
By signing this document, I verify that the information included bove regarding the completed and cleared background check on a full listed is accurate and true; and I am fully aware of the risk to hildren and our church if I do not complete this task.	rach	