

Verification of Screening Application Of Adult Workers at Home Church

Please print all information except Signatures

Event: 2017 Kids Worship Experience

Date: Saturday, March 11, 2017

Location: Mount Olivet Assembly of God, Apple Valley, MN

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Church: _____ City: _____

Pastor's Certification for Church Worker

I am personally acquainted with the applicant, and in my opinion she/he is competent and a qualified children's/youth worker. I know of no facts or allegations that raise any questions concerning her/his suitability for working with minors at the 2017 Kids' Worship Experience. This applicant has completed a screening application that is on file with this church.

Pastor's Signature of Affirmation: _____

Date of Pastor's Signature: _____

Each adult **MUST** have this form completed and
turned in at registration upon arrival at the event.