

ARKANSAS CONFERENCE COUNCIL ON YOUTH MINISTRIES
BACKGROUND CHECK VERIFICATION FORM

In order to promote a safe environment for all youth and adult participants at Arkansas Conference Council on Youth Ministries events, each church must certify that it has conducted a background check on all persons who are 18 years or older or who will be chaperoning or working with youth at the event. The background check must include a criminal background check as well as a child maltreatment registry check.

ACCYM Event Name and Date _____
Church Name _____
Church Address _____
Church Phone _____

Please print the name of each person 18 years or older or who will be chaperoning or working with youth, including yourself, attending the event identified above.

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |

I, _____ (Youth Leader's Name) acknowledge that _____ (Church Name) has conducted a criminal background check and a child maltreatment registry check on all persons who will be chaperoning or working with youth at the Arkansas Conference Council on Youth Ministries event _____ (Event Name) on _____ (Date of Event) and all such participants have been approved by the local church to work with children, youth and other adults. We agree to indemnify, protect and hold harmless the Arkansas Conference of the United Methodist Church for any liability related to any action of any participant being sent by _____ (Church Name).

TWO separate signatures are REQUIRED.

- | | |
|---|-------|
| 1. _____ | _____ |
| Trip Leader's Signature | Date |
| 2. _____ | _____ |
| Senior Pastor or Associate Pastor | Date |
| (Other than, and not related to, the Trip Leader) | |

Registration is not complete until a copy of this form is uploaded at www.accym.org/forms