

NORTHERN NEW ENGLAND DISTRICT ASSEMBLIES OF GOD ACTIVITY SUPERVISORY CERTIFICATION FORM



This form is to be completed for all persons involved in the supervision or custody of minors while attending any District activity involving children and youth. It is being used to help the District provide a safe and secure environment for those children and youth who participate in our District sponsored program. **PLEASE PRINT**

Name of District Event: **Winter Field Day** Date of Event: **February 19-20, 2010**

Church Name: _____ Pastor's Name: _____

Address: _____



City: _____ State: _____ Zip: _____

Phone #: (____) _____

Person in charge of group at event: _____

List full names of all persons who will be attending this event in a supervisory or custodial capacity:

- | | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

Does your church have a written child abuse policy on file? Yes  No 

Pastor's Certification of Church Worker(s):

I am personally acquainted with the above named person(s), and in my opinion is/are competent and qualified for work with minors. I know of no facts or allegations that raise any question concerning suitability for working with minors in the above stated District activity. **Those named above have completed a screening application that is on file with this church.**

Pastor's Signature of Affirmation* _____

*Participation in the district event will be denied for those acting in a supervisory/custodial capacity if not signed by the Pastor.

