ADULT CHAPERONE VERIFICATION FORM

(Please note: This form is required for EVERY church who is bringing children/students to Central Hills Baptist Retreat or GARAYWA Camp and Conference Center.)

By signing this statement, I attest that each of our church's adult volunteers and/or employees attending an MBCB overnight camp have been properly screened, including a background check for all adults (18 years and older) within the last year from an independent vendor and that our search included (at a minimum): identity research, national database, and sex offender registry.

_____ _____

Name of Pastor or Church Official | Ministry Position/Role in Church

_____ _____

Signature of Pastor or Church Official | Date Signed

_____ _____

Signature of Witness | Name of Witness

_____ _____

Church Name | Church City

The Mississippi Baptist Convention Board is committed to the safety and well-being of the children entrusted to our care. We strongly encourage all churches to complete the Ministry Safe Sexual Abuse Awareness training or a comparable program. For more information on a free first year's membership to Ministry Safe, please visit our website: www.mbcb.org/sart

Please list those who are attending as chaperones and meet the above.

Chaperone List

(Please PRINT)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____