BACKGROUND CHECK RELEASE

IMPORTANT-The District Office will not be conducting background checks. Every Church is responsible for their own.

Please send ONE FORM PER PERSON to jrosekelly@penflorida.org

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By signing this document, I, being	the senior/children's pastor at
Church Name	City Located

I am declaring the following:

- 1. The person named below is part of my congregation.
- 2. I am acquainted with the person.
- 3. NO MORE THAN TWO YEARS AGO, our church office completed a background check with a reputable agency or firm on the person below.
- 4. The results of that background check are on file in our church office.
- 5. The report proved the individual named to be clear of any criminal wrongdoing.

My signature indicates that our local assembly (church) is bearing the burden of proof for this individual, stating that they have been duly screened and we endorse their involvement with kids attending district sponsored PF Kids Ministries events.

PRINT Name of Adult for whom screening was conducted	Date Form Signed
PRINT Pastor's Name	Pastor's Signature
Name of Agency or Firm which Conducted Screening	 Date of Screenin