

ARKANSAS CONFERENCE COUNCIL ON YOUTH MINISTRIES  
BACKGROUND CHECK VERIFICATION FORM  
2013-2014

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.  
(List additional names on a separate sheet of paper and attach it to this form.)

- |           |           |
|-----------|-----------|
| 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) |       |

Send a copy of this completed form to:  
ARUMC  
Attn: ACCYM  
800 Daisy Bates  
Little Rock, AR 72202

AND

Bring the original completed form to the event to turn in at registration.