

BACKGROUND CLEARANCE FORM

Complete this form then mail a copy to the WPA District Office.

Name of Event: BREAKAWAY 2024

Date of Event: April 19-21, 2024 Today's Date: _____

To provide a safe environment for our children/youth attending district-wide events, all counselors **ARE REQUIRED** to have their criminal and child abuse background check for all youth related events. Please complete the form below.

Name of Church: _____

Leader's name: _____

Address: _____

Phone: _____ Email: _____

Please print the name of each adult leader (including your name) in the boxes below.

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I/we acknowledge that the counselors listed had a criminal background check and have been approved to work with youth and children. Copies of these forms are on file. I/we release The Christian and Missionary Alliance and the event staff for any liability created by any action of an adult leader that has been approved.

Leader's Signature: _____

Pastor's Signature: _____ Date: _____



Return to the District Office by April 8, 2024

Questions, contact Joel Matonak joel.matonak@cac.net.

WPA District of C&MA, 341 N Chestnut Street, Punxsutawney, PA 15767

Phone: 814-938-6920 • Email: piszkerr@cmawpa.org • Fax: 814-938-7528