

**SOUTHERN IDAHO DISTRICT ASSEMBLIES OF GOD**  
**ACTIVITY SUPERVISORY CERTIFICATION FORM**  
**(This form must be turned in at Registration.)**

This form is to be completed for all persons involved in the supervision or custody of minors while attending any District activity. This application 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: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**List names of ALL persons attending this event in a supervisory or custodial capacity:**

1. Youth Leader: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

3. \_\_\_\_\_ 7. \_\_\_\_\_

4. \_\_\_\_\_ 8. \_\_\_\_\_

5. \_\_\_\_\_ 9. \_\_\_\_\_

Have all persons listed above passed a background check and have been approved to work with students?  
 Yes  No

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

Are all persons who are certified to attend this event, aware of the policy and the reporting procedures as dictated in the policy?  Yes  No

**Does your church have insurance coverage if a claim should occur?  Yes  No**

**Insurance Company name & policy number:** \_\_\_\_\_

***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 this form is not signed by the Pastor.**