

# Church Chaperones and Background Checks

## CHURCH CHAPERONES

Kentucky WMU requires all children and youth participating in **GA Overnight and Acteens Splash** to be accompanied by church chaperones (except Mother/Daughter Overnights, as campers are with their parents). GA Overnight and Acteens Splash, a female church chaperone is required for each group of 1-6 girls.

To ensure the best possible care of our campers while at **Overnights at the Creek**, church chaperones must:

- ✓ be 21 years of age or older
- ✓ pass background check conducted by the sponsoring church
- ✓ be a member of the sponsoring church
- ✓ be in good health and physical condition
- ✓ be a non-smoker
- ✓ set a good example for campers in speech, dress and conduct

## BACKGROUND CHECKS

In recent years, churches, state conventions and organizations like Kentucky WMU have recognized the need to be more proactive in protecting our children from harm. Background checks provide information about any reported criminal behavior, allowing organizations to make responsible decisions about who should and should not be allowed to work with youth and children. Kentucky WMU is requesting that our sponsoring churches conduct their own background checks on potential church chaperones for camp. The church camp coordinator should then complete the **Acknowledgement and Assurance Form**. (See attached.) **This form should be signed by the pastor and church officer or trustee and must be notarized.** Kentucky WMU does not need copies of the background checks. Your signatures assure us that you have conducted background checks and have chosen appropriate volunteers. Individuals not listed on the **Acknowledgement and Assurance Form** will not be permitted to serve as chaperones. Churches and Kentucky WMU both benefit from knowing they have suitable volunteers.

### **For more information on Background Checks:**

Kentucky - Office of the Courts, Call 502-573-2350 or 800-928-2350, or go to:  
<http://apps.kycourts.net/publicmenu> and register.

[www.kybaptist.org](http://www.kybaptist.org) (Search "Safe Church Initiative")

[www.lifeway.com](http://www.lifeway.com) (Search "Background Checks")

# ACKNOWLEDGEMENT AND ASSURANCE FORM

*For Church Chaperones attending GA Overnight and Acteens Splash. This form MUST be sent with registration. (Background Checks are not required for Mother/Daughter Overnight participants.)*

Kentucky Woman's Missionary Union is committed to providing the best possible care for children while they are attending **Overnights at the Creek**. Kentucky WMU depends on the cooperation of attending churches in order to ensure that children are treated in a compassionate and Christ-like manner.

By the signatures below, \_\_\_\_\_ Church acknowledges the importance of caring for children, and further **assures** Kentucky WMU that their church has taken prudent actions, including **background checks**, so as to be satisfied that each person listed below is suitable for the supervision and care of children and youth.

Please print your church chaperone information below:

Name	_____	Name	_____
Address	_____	Address	_____
City/State	_____	City/State	_____
Zip Code	_____	Zip Code	_____

Name	_____	Name	_____
Address	_____	Address	_____
City/State	_____	City/State	_____
Zip Code	_____	Zip Code	_____

Name	_____	Name	_____
Address	_____	Address	_____
City/State	_____	City/State	_____
Zip Code	_____	Zip Code	_____

The Kentucky Woman's Missionary Union assumes no liability for any negligent, wrongful and/or harmful acts of those identified above, or any others originating from the church who are attending Mission Adventure Camp. The above church agrees to hold the Kentucky WMU harmless (including defense and indemnification) for any negligent, wrongful and/or harmful action done by such individuals.

The above-named church has a liability insurance policy.  YES  NO

If yes, liability insurance contact person information: \_\_\_\_\_  
NAME PHONE

\_\_\_\_\_  
PASTOR CHURCH OFFICER/TRUSTEE DATE

**THIS FORM MUST BE NOTARIZED.**

County of \_\_\_\_\_ State of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_ and \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_ My commission expires: \_\_\_\_\_

**Make a copy of this form. Please send it with your registration for Overnights at the Creek.**