**Atlantic Northeast District Church of the Brethren**

**Congregational Verification Form**

**2015-2016**

The Atlantic Northeast (ANE) District Church of the Brethren Board requires each congregation that sends adult leaders and advisors, paid or unpaid, to youth events sponsored solely by the ANE to annually verify in writing that each such adult has undergone certain background checks that are required by law.

A congregational representative (Pastor, Moderator or Board Chair) needs to verify in writing (back of this form) that each adult youth leader or chaperone who will attend District-sponsored youth events has completed the following clearances, within the past three years.

1. Pennsylvania Child Abuse History Clearance (CY-113)
2. Pennsylvania State Police Request for Criminal Record Check (SP4-164)
3. FBI Fingerprint Record Check (This is needed only for paid church staff OR a volunteer who has lived in PA less than 10 years. Volunteers who have lived in PA for 10+ years must swear or affirm in writing that they have not been convicted of any crime, in another state, similar to a crime disqualifying a person in Pennsylvania).

Further, the congregational representative verifies that the results of all background checks are maintained by the congregation.

Failure to provide the written verification prior to any District-sponsored youth event will result in that congregation’s youth group and leaders being denied attendance.

All paid and unpaid youth leaders or advisors who attend a District-sponsored youth event will be required to sign, at the beginning of that event, an “Advisor Covenant” confirming that they:

* Have never been charged with or convicted of child abuse or any criminal conduct relating to children.
* Have undergone, within the past three years, the above-named background checks and the results of their background checks are maintained by the church.
* Understand what constitutes “child abuse” under Pennsylvania’s Child Protective Services Law.
* Understand their duty as a mandated reporter of suspected child abuse under Pennsylvania’s Child Protective Services Law.
* Will not engage in any inappropriate or abusive conduct with children while attending this event.

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**2015-2016**

**Name of Congregation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Representative Completing this Form**

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Congregational Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names of Youth Leaders and Advisors Likely to Attend 2015-2016 District-Sponsored Youth Events:**

**1.**

**2.**

**3.**

**4.**

**5.**

**6.**

**7.**

**8.**

**9.**

**10.**

**11.**

**12.**

**13.**

**14.**

**15.**

**16.**

**17.**

**18.**

**19.**

**20.**

(Attach additional names if necessary)