



Acknowledgement of Child Abuse Prevention and Leadership Screening Program

ACA and TDSHS Regulation

NAME OF CHURCH/ORGANIZATION: _____

CITY: _____

ALL three requirements below must be done **annually** for any adult volunteers/staff who will have supervision of minors at Camp Gilmont. The undersigned representatives of the above-named organization hereby acknowledge that this group has completed all of the following:

- ___ 1. Distributed a **Voluntary Disclosure Statement**, provided by Gilmont, to the individuals list below, received it back completed and signed, and has it on file.
- ___ 2. Completed a check of the **National Sex Offender Public Website** (a free service) on all individuals listed below (www.nsopw.gov)
- ___ 3. Completed a **criminal background check** on the individuals listed below.

Please initial in each blank above to show completion of each requirement. *NOTE: All records must kept on file and shall be made available to Texas Health Department personnel within two business days, if requested.*

Each individual named below meets the certifications and requirements named above and have a clear history. These individuals are authorized to work with the children and youth of this group, in the camp setting. This form should be submitted to Gilmont no later than two weeks prior to the event.

Each official working on this form must add their signature and title to this document.

Signature _____ Date _____

Printed Name _____

Capacity with organization _____

Background Checks have been conducted through the following:

- _____
- 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
 - 5. _____
 - 6. _____
 - 7. _____
 - 8. _____
 - 9. _____
 - 10. _____
 - 11. _____
 - 12. _____