

# Adult Screening Form

In recent years, churches have been sued because of child abuse or molestation occurring in church youth or children's programs. In most of these cases, the plaintiffs allege one or both of the following:

1. The church was negligent in hiring the molester to work with minors (i.e. the church hired and/or used volunteers without any screening or evaluation).
2. The church was negligent in supervising the individual.

Completion and submission of this screening form meets one of the requirements that show the Kentucky District Royal Rangers is screening adult leaders who will be attending events. It will be used to help provide a safe and secure environment for those boys who participate in our program and use Kentucky District facilities.

This form is to be completed and turned in upon arrival at Registration by all adults eighteen (18) years old or older, for any position involved in the supervision of boys at the Kentucky District events.

Adult's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Church Name \_\_\_\_\_ Outpost # \_\_\_\_\_  
If a commander – number of years in Royal Rangers \_\_\_\_\_  
Briefly Explain Your Church Involvement's:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Required Release  
**Signatures**

**Pastor's Certification** (Required for all applicants 18 years of age or older) I, the undersigned, as Pastor of the above named adult participant do hereby acknowledge that the individual has been properly screened and approved for children or youth work in our church and provide my unqualified endorsement to his/her participation in this event.

X \_\_\_\_\_  
Pastor's Signature Date

**Applicant's Signature** (Required for all applicants) I, the undersigned, hereby acknowledge that to the best of my knowledge, I qualify for participation in this event and do hereby agree to abide by the rules and standards established for this event by its appointed leadership. I acknowledge that the information provided on my Personal Medical Record is true and correct and I consent to the administration of emergency medical treatment at the discretion of the event leadership. I further acknowledge my understanding that media footage, including audio, video and photos, may be recorded at the event for future promotional use and hereby consent to the use of such items containing images of me in any form and relinquish all rights of ownership or compensation.

X \_\_\_\_\_  
Applicant Signature Date