

ACKNOWLEDGMENT AND ASSURANCE

Our children are most precious to us. Our love for them cannot be overstated, nor our commitment to bringing them up "in the nurture and admonition of the Lord."

Those children who attend State Convention of Baptists events are entitled to the very best care by persons who will treat them in a Godly and compassionate manner.

By the signatures below, _____ Church acknowledges the importance of these values and goals, and further, assures the State Convention of Baptists that their church has taken prudent actions, including reasonable background inquiries, so as to be satisfied that each person identified below is suitable for volunteer ministries among children/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 State Convention of Baptists assumes no liability for any wrongful or harmful acts of those identified above, or any others originating from the church who are attending State Convention sponsored events. The above church agrees to hold the State Convention of Baptists in Ohio harmless for any wrongful or harmful acts done by such individuals.

Pastor

Church Officer/Trustee

****THIS FORM MUST BE SUBMITTED UPON REGISTRATION! SUBSEQUENT SUBMISSIONS OF VOLUNTEERS MAY BE MADE AT THE VERY LATEST, BY THE TIME OF REGISTRATION AT THE CAMP/EVENT.**