

## TLHD 2019 CERTIFIED WORKER FORM

Name	E-mail Address	Phone Number	Chartered for '18-'19? Y/N	Leader (Y/N)
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For additional lines needed, please print another copy.

Church name \_\_\_\_\_

### **Pastoral Approval**

\_\_\_\_\_ has performed an individual background check on or after January 1, 2019 for each of the above <sup>Total Listed</sup> \_\_\_\_\_ adult(s) who will be 18 years of age and older that plan to participate in a Texas Louisiana Hispanic District (TLHD)-sponsored overnight event. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any capacity.

**NOTE:** Lead/Sr. Pastoral approval will be required for participants turning 18 of age before or during an event that plan to stay overnight at the event location. Adults listed on this form will be REQUIRED to present an unexpired photo ID for entry to each TLHD event. Approvals are valid from 1/1/19-12/31/19 for each adult listed above as long as they remain in good-standing with the approving church.

Lead/Sr. Pastor's Signature	Pastor's Name (Please print)	Date Signed