**Latham Springs Camp & Retreat Center**

**Certification and Background Verification Form\***

TO LATHAM SPRINGS CAMP AND RETREAT CENTER:

 This shall certify that the names of the Group Leaders listed below are the only individuals who will be sent by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Church Name) to attend, supervise and counsel the campers while at Latham Springs Camp. This certifies that each individual named below has the requisite character, responsibility, and ability to work with and around children and youth and are free from any propensity to commit child abuse. I/we understand that our church or organization is legally responsible for the proper selection of sponsors and their actions while acting in this capacity. This also verifies that they have passed the Child Abuse Prevention Training within the last two years, an annual Criminal Background Check and Sex Offender Database Check have also been completed and are clear, and have read the Latham Springs Sponsor Guidelines.

 I further verify that the results of these background checks and training will be made available to Latham Springs Camp and Retreat Center, upon request of the Texas Department of State Health Services, within two business days and agree that our organization will be responsible for up to a $1,000 per day per violation, if not provided.

 I also agree that all applications, background checks, training documentation, and other required personnel documentation required by these rules shall be maintained in hard copy or electronic format for a minimum of two years following that individual’s last day of service.

List name of sponsors (print) below or attach additional sheet, if needed:

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Camp Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church/ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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