Verification of a Clear Criminal Record

To be completed by a Parent or Legal Guardian of the youth applicant. This form is for: (Youth name)	
(Address	of residence)
who has applied to serve in a position	n at Gwinnett Community Church
By signing below, I verify that the per	rson listed above is a youth participant
(age 18 or younger) representing ou	r church as a volunteer. I also hereby
certify that the above person has, to	the best of my knowledge, no crimina
conviction (felony or misdemeanor) r	
•	n □ Sexual crimes involving children,
youth or adults 🗇 Use, or distribut	tion, of illicit drugs or controlled
substances ☐ Property crime	
(Signature)	(Date)Relationship to
Youth	` '