

# Clearance Verification Form for BRN Disaster Relief

Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

Person responsible for verifying data:

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

Title: \_\_\_\_\_

Ph #: \_\_\_\_\_

E-mail: \_\_\_\_\_



I, \_\_\_\_\_, certify that the person named on this form has an up-to-date criminal record check that meets the standards for volunteers serving in this church; and that this church has the proper documentation to verify the data.

\_\_\_\_\_

Signature Date

Volunteer's Name	Birthdate	Issue Date of Criminal Record Check	Issue of Child Abuse Clearance	Clear of Charges (yes/no)

Please scan and send each completed form to [BRNDR.clearances@gmail.com](mailto:BRNDR.clearances@gmail.com).