



Ocoee Outreach
2707 North Ocoee St
Cleveland, TN. 37312

Child Protection Policy and Procedure

18 years and older

Name _____

Address _____

Phone No. _____

State of Birth: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Signature _____ Date: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW:

I expressly authorize Ocoee Outreach to make such investigations as it deems necessary in its sole discretion regarding any criminal charges which may have been brought against me and any charges which may have been brought against me for child abuse or attempted sexual molestation of a minor. I hereby release any person or agency furnishing such information as well as the directors, staff, board and employees of Ocoee Outreach and CrossNet Baptist Network from any and all liability. I also understand that by signing this application I am authorizing Ocoee Outreach to conduct this background check.

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