



Ocoee Outreach
Child Protection Policy and Procedure
18 years and older

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 might have been brought against 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.

Name: _____

Address: _____

Phone Number: _____

State of Birth: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Signature: _____ Date: _____

*Please Note: All information necessary.