



## Background Check- Child Protection Policy & Procedure

\*For all participants 18+

*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 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 from any and all liability. I also understand by signing this form that I am authorizing Ocoee Outreach to conduct this background check.

\*\*Please note: All information requested below is *NECESSARY*.

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

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

Phone #: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License # & State: \_\_\_\_\_

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

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