MUUUCE REGISTRATION PACKET

This packet is for the MUUUCE point person at each church (i.e. youth pastor or church leader).

MUUUCE stands for the Most Unbelievable, Ultimate, Urban Camping Experience. This incredible event is designed specifically with Northwest Conference middle schoolers in mind. It’s three days of crazy middle school fun, woven with worship experiences, challenging talks, and small group conversations! It’s a great way to kick off the fall ministry season. MUUUCE is hosted by Crossroads Covenant Church in Woodbury.

This packet includes:

- Highlights
- Registration Process
- Registration and Payment Policy
- Student Registration Packet:
  - Student Registration and Medical Form
  - Parent and Guardian Consent & Medical Release
  - Student Standards of Personal Conduct
- Adult Leader Registration Packet
  - Adult leader registration form
  - Adult leader health form
  - Adult leader background check verification form (to be completed by lead pastor or church administrator)
THE HIGHLIGHTS

WHO CAN ATTEND: Students entering 6th grade in the fall of 2022 to those graduating from 8th grade in the spring of 2022.

DATES: August 4-6, 2022. Thursday afternoon through Saturday noon.

REGISTRATION: All registrations must be connected to a church youth group and go through RegFox, our registration platform. https://MUUUCE.regfox.com/muuuce-2022

The registration cost includes:
- Meals (Thursday Welcome Party, dinner, all day Friday and Saturday breakfast).
- Housing (likely in a local school gym)
- Thursday and Friday activities
- MUUUCE t-shirt
- Students will want to bring extra spending money for the various concession stands. Valley Fair does not accept cash. However, cash can be turned into cards at kiosks in the park. https://www.valleyfair.com/cashless

COST: $130 per person. There are no refunds but name/attendees can be changed.

ADULT LEADERS: Leaders must be at least 18 years old and must have completed a background check less than 24 months prior to the start of MUUUCE.

There must be at least one leader for every eight students, based on gender. This means you must have both male & female leaders if you have both male & female students attending.

The youth pastor or a key point person for each group must complete the Ministry Safe training course (approximately one hour). Link to be sent later.

LOCATION: Crossroads Covenant Church
5900 Woodbury Dr.
Woodbury MN 55129

HOUSING: Students and leaders will be housed at a local school gym. Details to follow.

TRANSPORTATION: NOTE THE CHANGE FROM PREVIOUS MUUUCEs.
Groups are responsible for getting themselves to Crossroads Church. Transportation will be provided to and from Crossroads Church to the Thursday night activity AND to and from Crossroads Church to the Friday activity. Groups are responsible for providing their own transportation to sleeping spaces and back to Crossroads each day.

COVID PROTOCOL: We will be working with Crossroads Church to follow their protocol (based on the most current recommendations from the CDC and the MN Department of Health).

QUESTIONS: MUUUCEinfo@Crossroads.co

NEWS & INFO: For the latest news, Q&A, and other info:
1. MUUUCE website: https://www.northwestconference.org/event/muuuce-2022/
2. Sign up for the NWC Youth Ministry Update email: www.northwestconference.org
THE PROCESS

If you need help, email MUUCEinfo@Crossroads.co

Online registration is not for individuals to register themselves. ONLY the youth pastor or an assigned church representative is to register all attendees from your church.

Before beginning the registration process, make sure to review the MUUUCE Registration and Payment Policy.

**STEP 1:** Download the registration packet from https://www.northwestconference.org/event/muuuce-2022/
- On the poster/cover page, enter the amount you’re charging your attendees and the date you want the forms returned to you. (Some churches add a transportation fee or pay for part of MUUUCE, so we left it blank).
- All students and leaders must complete, sign, and return the registration forms to you by July 11 at the latest.

**STEP 2:** Log on to: https://MUUUCE.regfox.com/muuuce-2022

**STEP 3:** Determine how many students and leaders you likely will have at MUUUCE. You don't need to have their names at this point. Just register each as "Student [#]" or "Leader [#]."
Example: Student #1, Student #2, Adult Leader #3, etc.

Decide which email address will receive all email confirmations and communication from MUUUCE. Enter that after you click the "I'm Done" button.

You do not need to enter all registrations at one time. You can add names. However, you cannot reduce your number of registrations.

**STEP 4:** Send a check for $130 per person (student and leader rates are the same) no later than two weeks after registering.

Checks should be made out to "Crossroads Church" with "MUUUCE" in the memo line. Address: 5900 Woodbury Dr., Woodbury, MN 55129.

**STEP 5:** As you gather the registration forms from your students and leaders (see Step 1), update their information on the registration site: https://MUUUCE.regfox.com/muuuce-2022

For example, Student #1 becomes Chris Smith when you receive their form. You can edit their information up to July 19.

**STEP 6:** By July 19:
1. Send one check for the entire registration cost to Crossroads Church.
2. Email the following forms to MUUCEinfo@crossroads.co (the youth leader carries the original forms to have in case of an emergency):
   - Student registration forms
   - Student health forms
   - Leader registration forms
   - Leader health forms
   - Leader background checks

3. Youth pastor/lead youth worker: complete the Ministry Safe training. (Link will be sent later.)
WHAT TO DO WITH THE INDIVIDUAL REGISTRATION FORMS:

- Make sure they are signed by all required parties before scanning and submitting them to MUUUCEinfo@crossroads.co
- Keep the original registration forms with you during MUUUCE. Should something happen on the way to/from/during MUUUCE, you'll need to have these forms with you.
MUUUCE REGISTRATION AND PAYMENT POLICY

The following policy details terms and conditions are applicable to Covenant churches participating in MUUUCE. Groups choosing to register for MUUUCE should review this policy before registering. All registrations must be connected to a church youth group and through RegFox, our registration platform.

MUUUCE registration fee includes:
- 2 nights lodging
- Thursday: Welcome Party, dinner, and activity
- Friday: breakfast, lunch, and dinner and activity
- Saturday: breakfast
- T-shirt

REGISTRATION DEADLINE:
- All registrations must be completed by July 19 or when the event is full (whichever comes first).

REGISTRATION FEES:
- The registration fees enable MUUUCE to prepare for the event, including deposits to venues, purchasing supplies, contracting speakers & artists, etc.
- Payment is due no later than 2 weeks after registering. If payment is not received in that timeframe, the spots will be released to others

PAYMENT:
- All registrations must be connected to a church youth group and go through RegFox, our registration platform.
- Payments are processed by Crossroads Church.
- Checks only. Make checks payable to “Crossroads Church”
- Mail checks to:
  Crossroads Church
  Attn: MUUUCE Registration
  5900 Woodbury Dr.
  Woodbury, MN 55129
- Full payment for all registered spots is due July 19, 2022.
- After July 19, groups are responsible for the full cost of all spaces, regardless of whether the full amount has been paid yet or not. The remaining balance will be invoiced to the church.
- MUUUCE reserves the right to refuse admittance to the event if the balance is not paid in full by the time the group arrives at the event.
MUUUCE STUDENT REGISTRATION FORM

MUUUCE stands for the Most Unbelievable, Ultimate, Urban Camping Experience. This incredible event is designed specifically with middle schoolers in mind. It’s three days of crazy middle school fun, woven with worship experiences, challenging talks, and small group conversations!

It’s August 4-6, 2022, at Crossroads Covenant Church in Woodbury, MN.

FEE OF $ __________________ IS DUE BY __________________

MAKE CHECKS PAYABLE TO: ________________________________

Parent/Guardian:
1. Complete the REGISTRATION FORM.
2. Sign the PARENT & GUARDIAN CONSENT & MEDICAL RELEASE.
3. Have your student sign the STANDARDS OF CONDUCT.
4. Return everything along with your registration fee to the MUUUCE leader at your church.
MUUUCE STUDENT REGISTRATION FORM
ALL FIELDS ARE REQUIRED. PLEASE PRINT LEGIBLY.

First Name: ________________________________

Last Name: ________________________________

Gender: □ Male □ Female

Date of Birth: _____ / _____ / ________

Grade as of Fall, 2022: □ 6 □ 7 □ 8 □ 9

T-Shirt Size (adult sizes): □ S □ M □ L □ XL □ 2XL □ 3XL □ 4XL

Student’s Cell Phone: ________________________________

Student’s Mailing Address:

Street: ____________________________________________

City/State/Zip: _______________________________________

Church Registering with: ______________________________

Medical Insurance:
• Name____________________________________ Phone # _____ / _____ / ______
• Name of Insured___________________________ Policy # __________________

Dental Insurance:
• Name____________________________________ Phone # _____ / _____ / ______
• Name of Insured___________________________ Policy # __________________

MEDICAL CONCERNS:
Dietary Concerns & Food Allergies □ No □ Yes (please describe)

➢ If you answered “yes” for your student, please email MUUUCEinfo@crossroads.co by July 19 to discuss the available dietary options. Unfortunately, we cannot make dietary accommodations once the event has started.

Other Allergies: □ None □ Bees □ Seasonal □ Penicillin/amoxicillin □ Aspirin/ibuprofen/naproxen □ Acetaminophen □ Other (please list only non-food related allergies):

Does this person have chronic health issues? □ No □ Yes:

Does this person have program limitations (i.e. contact sports)? □ No □ Yes:

Form continued on next page.
MUUUCE STUDENT REGISTRATION FORM

Does this person have mental health issues? □ No □ Yes:

Is this person currently under the care of a physician for medical reasons? □ No □ Yes:

Is this person currently taking medication prescribed by a physician? □ No □ Yes:

Please list any over-the-counter medications you do not wish dispensed to this person for treatment of minor ailments or injuries:

Date of last tetanus shot: _______/______/__________

List any other information about this person that an attending physician needs to be aware of:

Parent/Guardian #1 (Parent/Guardian #1 will be contacted in case of emergency.)

First Name: _____________________________ Last Name:_________________________________________

Relationship to student: ______________________ Contact Phone #: ____________________________

Email address: __________________________________________________________

Parent/Guardian #2

First Name: _____________________________ Last Name:_________________________________________

Relationship to student: ______________________ Contact Phone #: ____________________________

Email address: __________________________________________________________

Contact the following when Parent/Guardian cannot be reached:

First Name:_____________________________ Last Name:________________________________________

Relationship to student: ______________________ Contact Phone #: ____________________________

Email address: __________________________________________________________
MUUUCE STUDENT REGISTRATION FORM

PARENT & GUARDIAN CONSENT & MEDICAL RELEASE

(Attendee’s name) __________________________ will be attending MUUUCE, at Crossroads Church in Woodbury, MN. As parent(s) or legal guardian(s) we (I) am confident that every measure will be taken to protect the safety of all participants. So on behalf of said attendee we (I) hereby release, forever discharge, & agree to hold harmless, the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, and ______________ (student’s sponsoring church, hereafter referred to as “Sponsor Church”), excursion sites, & the owners, directors, officers, agents, & employees & volunteers thereof, from any & all liability, claims or demands for personal injury, sickness or death, as well as property damage & expenses, of any nature whatsoever which may be incurred by the undersigned & the participant that occur while said attendee is participating in MUUUCE.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, property damage & expense as a result of participation in recreation & excursion activities involved therein. Further, authorization & permission is hereby given to MUUUCE staff to furnish any necessary medical care, transportation, food, & lodging during MUUUCE.

We (I) are the parent(s) or legal guardian(s) of this attendee & hereby grant permission for him/her to participate fully in MUUUCE, & hereby give MUUUCE staff permission to take him/her to a doctor or hospital & authorize medical treatment. We (I) will assume all responsibility for all medical bills. We (I) understand that if medical treatment is required, we (I) will be contacted as soon as possible. Should it be necessary for attendee to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) hereby assume all related costs.

We (I) hereby grant permission for the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, & Sponsor Church to publish images of activities & of this attendee for the purpose of promoting MUUUCE & the Northwest Conference of the Evangelical Covenant Church through communications channels of the Northwest Conference of the Evangelical Covenant Church, the Evangelical Covenant Church, Crossroads Church, & Sponsor Church. We (I) grant this permission freely without reservation.

We (I) understand that there are excursions & recreation opportunities at MUUUCE. We (I), the parent(s) or legal guardian(s), fully understand & acknowledge that (a) recreational activities have: inherent risks, dangers & hazards that exist; (b) participation in such activities &/or use of such equipment may result in death, injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial &/or total paralysis, or other ailments that could cause serious disability; (c) these risks & dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, an unpredictable or unexpected reaction from an animal, & the forces of nature or other causes; & (d) by participation in these activities &/or use of equipment, we (I) hereby assume all risks & dangers & all responsibility for any losses &/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, directors, officers, agents, & employees & volunteers, of MUUUCE, or by any other person including the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, & Sponsor Church.

We (I), the individual(s) & our (my) heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, & indemnify the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, Sponsor Church, & their respective owners, directors, officers, agents, & employees & volunteers from any & all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of the attendee’s participation at MUUUCE.

We (I), the parent(s) or guardian(s) specifically understand that we (I) are releasing, discharging & waiving any claims or actions that we (I) may have individually or on behalf of our child or ward presently or in the future for the negligent acts or other conduct by the owners, directors, officers, agents, & employees & volunteers of the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, & Sponsor Church.

MUST BE SIGNED BY ALL PARENTS/GUARDIANS

Parent/Guardian Name: __________________________

Signature: __________________________

Date: __________________________

Parent/Guardian Name: __________________________

Signature: __________________________

Date: __________________________

PAYMENT POLICIES

**We/I understand the MUUUCE payment policies, including that the registration is non-refundable.

Parent/Guardian Initials: _______  _______
MUUUCE STANDARDS OF PERSONAL CONDUCT
Student Signature Required

I, ___________________________________________________________________, commit to fully engage in the programming during MUUUCE.

This will require that I adhere to the following Standards of Personal Conduct:

I will:
1. Abide by all rules and expectations of MUUUCE and my church.
2. Actively demonstrate the values of safety, responsibility, and respect.
3. Fully engage with positive participation in all activities and discussions.
4. Observe Quiet Hours (no music, yelling, cheerleading, etc.).

I will not:
- Engage in any behavior that may be disrespectful or harmful to the health and safety of the participant or others.
- Possess, use, or consume: illegal drugs, alcoholic beverages, or tobacco, including vaping.
- Use or possess fireworks, firearms, or other dangerous weapons (e.g., knives, slingshots, laser pointers, etc.).

I understand that:
- Individuals are liable (& will be billed) for any damage they intentionally or accidentally commit to Crossroads Church, MUUUCE property, or any other business/venue visited during MUUUCE.
- All students are under the supervision of their respective church leaders.
- Leaders have the right to confiscate any items used abusively by students for the duration of MUUUCE.

Any infraction or disregard for the Standards of Personal Conduct may result in my immediate dismissal from MUUUCE. I acknowledge that I may be sent home from MUUUCE at my own expense.

I understand and agree to abide by these Standards of Conduct:

Student’s Name (printed): ___________________________________________________________________

Student’s Signature: ___________________________________________________________________ Date: __________
MUUUCE

MUUUCE ADULT REGISTRATION FORM

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FEE OF __________________________ IS DUE BY __________________________

MAKE CHECKS PAYABLE TO:_______________________________________________

Adult Leader Registration Packet:
1. Read through the Qualifications.
2. Complete the REGISTRATION FORM.
3. Sign the CONSENT & MEDICAL RELEASE.
4. Return everything along with your registration fee to the MUUUCE leader at your church.

QUALIFICATIONS
- Leaders must be at least 18 years of age by August 4, 2022 & have graduated from high school & have an approved background check.
- Compliance with the following standards of conduct is expected of all leaders & participants at MUUUCE. If you fail to comply, you may be sent home at your own expense.
  - Use &/or possession of alcohol &/or other controlled substances, fireworks, firearms, or other dangerous weapons (e.g. knives, slingshots, laser pointers, etc.) during MUUUCE is prohibited.
  - Individuals are liable (& will be billed) for any damage they intentionally or accidentally commit to Crossroads Church or to MUUUCE property.
  - All students are under the supervision of their respective church leaders.
  - Leaders have the right to confiscate, for the duration of MUUUCE, any items used abusively by students.
  - Quiet hours are to be observed (no music, yelling, cheerleading, etc.).
  - Smoking, chewing tobacco, or vaping are not permitted at MUUUCE.
- MUUUCE requires criminal background checks for every adult serving at MUUUCE. Background checks must be no older than August 4, 2020. Please let your MUUUCE leader or church administrator know immediately if you have not completed a background check or if your background check is more than two years old. Your registration will not be complete until MUUUCE confirms a current background check.
MUUUCE ADULT REGISTRATION FORM

ALL FIELDS ARE REQUIRED. PLEASE PRINT LEGIBLY.

First Name: ________________________________________________________________

Last Name: ________________________________________________________________

Church Registering with: _____________________________________________________

Gender: □ Male □ Female Date of Birth: _____/_______/___________

T-Shirt Size (adult sizes): □ S □ M □ L □ XL □ 2XL □ 3XL □ 4XL

Cell Phone: ________________________________________________________________

Do we have permission to text you updates during MUUUCE? □ Yes □ No

Mailing Address

Street: ____________________________________________________________________

City/State/Zip: ____________________________________________________________________

Medical Insurance:
• Name of Insured_________________________________________Policy # ______________

Dental Insurance:
• Name_____________________________________________________Phone # _____/_______/___________
• Name of Insured_________________________________________Policy # __________________

MEDICAL CONCERNS:
Dietary Concerns & Food Allergies □ No □ Yes:

➢ If you answered “yes”, please email MUUUCEinfo@crossroads.co by July 19 to discuss the available dietary options. Unfortunately, we cannot make dietary accommodations once the event has started.

Other Allergies: □ None □ Bees □ Seasonal □ Penicillin/amoxicillin □ Aspirin/ibuprofen/naproxen □ Acetaminophen □ Other (please list only non-food related allergies):

Do you have chronic health issues? □ No □ Yes:

Do you have program limitations (i.e. contact sports)? □ No □ Yes:

Form continued on next page.
MUUUCE ADULT REGISTRATION FORM - page 2

Do you have mental health issues?  □ No  □ Yes:

Are you currently under the care of a physician for medical reasons?  □ No  □ Yes:

Are you currently taking medication prescribed by a physician?  □ No  □ Yes:

Date of last tetanus shot: ________/_______/___________

List any other information about yourself that an attending physician needs to be aware of:

Emergency Contact
First Name: ___________________________  Last Name: ___________________________
Relationship to you: ___________________  Contact Phone #: _______________________
Email address: ________________________

QUESTIONS:
1. Are you a member of this church?  □ Yes  □ No  If no, how long have you attended the church:

2. Have you ever been charged, convicted of or pled guilty to a crime, either a misdemeanor or a felony (including, but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?  □ Yes  □ No

If yes, please explain fully:

3. Have you ever engaged in, or been accused of, any child molestation, exploitation, or abuse? □ No  □ Yes (please explain):

4. Do you have any traits or tendencies that could pose a threat to children, youth, or others? □ No  □ Yes (please explain):

5. Is there any reason why you should not work with children, youth, or others? □ No  □ Yes (please explain):

I certify that this form was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a participant at MUUUCE. I understand that this form is not valid without my signature.

Print name: __________________________________________________________________________

Signature: ___________________________  Date: ___________________________
MUUUCE ADULT CONSENT & MEDICAL FORM

STATEMENT OF CONSENT & MEDICAL RELEASE
The information contained in this application is correct to the best of my knowledge. I agree to be bound by the constitution, bylaws & policies of the Evangelical Covenant Church & of the Northwest Conference of the Evangelical Covenant Church in the performance of my services on behalf of the church. I have read & will comply with the MUUUCE policies, as stated in the Qualifications section of this registration form. I understand that a criminal background check is required of all adults attending MUUUCE. I agree to perform a criminal background check. If I fail to complete the criminal background check, I understand that I will not be allowed to serve at MUUUCE. A new criminal background check is not required if I performed a criminal background check as part of my application process for my church since August 4, 2020.

I am confident that every reasonable measure will be taken to protect the safety of all participants at MUUUCE. I hereby release, forever discharge, & agree to hold harmless, the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, and ________________ (adult leader's sponsoring church, hereafter referred to as “Sponsor Church”), excursion sites, & the owners, directors, officers, agents, & employees & volunteers thereof, from any & all liability, claims or demands for personal injury, sickness or death, as well as property damage & expenses, of any nature whatsoever which may be incurred by the undersigned & the participant that occur while said attendee is participating in MUUUCE.

Furthermore, I hereby assume all risk of personal injury, sickness, death, property damage & expense as a result of participation in recreation & excursion activities involved therein. Further, authorization & permission is hereby given to MUUUCE staff to furnish any necessary medical care, transportation, food, & lodging during MUUUCE. I hereby give MUUUCE staff permission to take me to a doctor or hospital & authorize medical treatment. I will assume all responsibility for all medical bills.

Should it be necessary for me to be sent home for medical reasons, disciplinary reasons, or otherwise, I hereby assume all related costs.

I hereby grant permission for the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, & Sponsor Church to publish my image for the purpose of promoting MUUUCE & the Northwest Conference of the Evangelical Covenant Church through communications channels of the Northwest Conference of the Evangelical Covenant Church, the Evangelical Covenant Church, Crossroads Church, & Sponsor Church. I grant this permission freely without reservation.

I understand that there are excursions & recreation opportunities at MUUUCE. I fully understand & acknowledge that (a) outdoor recreational activities have: inherent risks, dangers & hazards that exist; (b) participation in such activities &/or use of such equipment may result in death, injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial &/or total paralysis, or other ailments that could cause serious disability; (c) these risks & dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, an unpredictable or unexpected reaction from an animal, & the forces of nature or other causes; & (d) by participation in these activities &/or use of equipment, I hereby assume all risks & dangers & all responsibility for any losses &/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, directors, officers, agents, & employees & volunteers, of MUUUCE or by any other person including the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, & Sponsor Church.

I, along with my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, & indemnify the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, Sponsor Church, & MUUUCE, & their respective owners, directors, officers, agents, & employees & volunteers from any & all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of the attendee's participation at MUUUCE.

I specifically understand that I am releasing, discharging & waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, Sponsor Church, & their respective owners, directors, officers, agents, & employees & volunteers.

Print Name: ____________________________________________  Date: _____________________________

Signature: ____________________________________________  Date: _____________________________
LEADER BACKGROUND CHECK VERIFICATION FORM

Pastor or church administrator: complete a form for each leader participating in MUUUCE. Email the completed forms to cheryl@northwestconference.org by July 19. No adult leader will be allowed to participate at MUUUCE without this signed form.

Leader’s First Name: ____________________________________________________

Leader’s Last Name: ____________________________________________________

Company (i.e. Protectmyministry.com, MinistrySafe.com) that performed the background check:

Date of background check*: _____/_____/______
*The church must have conducted the background check on, or after, August 4, 2020.

What was covered in the background check?
- [ ] Identity verification
- [ ] Motor vehicle record
- [ ] Database criminal search
- [ ] State driving record
- [ ] Sex offender’s registry
- [ ] Other_________________________
- [ ] County court record search

This adult is approved to work with minors: Yes No

A church representative (senior pastor or church office administrator) must sign this document; you cannot sign for yourself. Please either mail with your final payment or email the completed form to MUUUCEinfo@Crossroads.co.

Church ____________________________

Printed Name: _________________________________ Signature: _________________________________

Title: _________________________________ Date _____/_____/______