

ADULT SPONSOR LETTER OF CHURCH RECOMMENDATION

Church: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

The following adult(s) will serve as volunteer sponsors for the above stated church group.

STATE REQUIRED DOCUMENTATION

| Name of Adult Volunteer Sponsor (Sponsors MUST be 18 years of age or older) | Date of Birth | Sex Offender Background Check | Criminal History Background Check | Current Training Certification |
|--|----------------|--|--|--------------------------------------|
| 1. _____ | ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. _____ | ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. _____ | ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. _____ | ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. _____ | ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. _____ | ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. _____ | ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. _____ | ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. _____ | ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. _____ | ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. _____ | ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. _____ | ____/____/____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ATTESTATION by the pastor, minister and/or church leader (chairman of the deacons, trustee, etc).

The above named individuals are known to me/us, and I/we can attest to the character, integrity and ability of each to serve as a sponsor. I/we know of no reason why any should not serve as a sponsor for children and youth under the age of (18) eighteen. I/we also attest to the fact that each of these sponsors has undergone a background check as mandated by the State of Texas and meets the requirements set forth by The Texas Department of State Health Services Rule §265.12 and has successfully completed the required Child Protection Training. I/we recommend them to you as persons who will represent our church or organization in the supervision of our young people. For more information please refer to TPCC's Child Protection Summary of the Texas Department of State Health Services Regulations. Proper documentation must be submitted with TPCC Registration.

Authorized Representative Signature

Name Printed

Date

Authorized Representative Signature

Name Printed

Date