

Permission for Background Check and Release of Information

Due to increasing risk factors facing us today we are asking for some personal information from you. This information will help us protect our campers, the camp, and even you.

We also need your permission for this information to be given to the local authorities for a background check. This information will be kept completely confidential and used only if absolutely necessary.

NAME

First _____ Middle _____ Last _____

ADDRESS _____

CITY _____ ST. _____ ZIP _____

SOCIAL SECURITY # _____

Phone numbers - home _____ work _____

Cell _____ e-mail _____

How long at this address? _____ years. Previous address if less than 2 years

CITY _____ ST. _____ ZIP _____

MARITAL STATUS = single _____ married _____ divorced _____

Spouse's name if married _____

PLACE OF EMPLOYMENT _____

OCCUPATION _____

CHURCH WHERE YOU ARE A MEMBER _____

How long have you been a part of this congregation? _____ yrs.

I give my permission for this information to be given to the proper authorities for a complete background check.

Signed _____ Date _____

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