

# CAMP BEECHPOINT CONFIDENTIAL SCREENING FORM

**Release Authorization:**

1. In connection with my future involvement as a volunteer working with children, I understand that Camp Beechpoint will conduct a background check to determine my ability to minister in this role. It may include information concerning my character, work habits, performance, and any court records that may have a bearing on my job responsibilities.
2. I acknowledge that a telephonic facsimile (fax) or photographic copy shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, church, or non-profit organization, reference, or insurance company contacted by Camp Beechpoint or its consumer reporting agency or its agents, to furnish the information described above.
4. I understand that if any of those records contain information, which is used to deny my participation with Camp Beechpoint, that I will be notified of my rights and where I can obtain a copy of the information.

**IDENTIFYING DATA (PLEASE PRINT)**

Applicant's name (Last, First, Middle)				Date of Birth		
				Mo.	Day	Yr
Sex	Race	Social Security Number	Driver's license Number	State		

## BACKGROUND INFORMATION

<b>All Nicknames</b>
<b>Maiden Name</b>
<b>All Aliases</b>
<b>Present Address (Street, City, State, Zip)</b>
<b>All Previous Addresses for the past 5 years (use additional sheet if necessary)</b>
<b>Telephone Number(s)</b>

The information contained in this screening form is correct to the best of my knowledge. I authorize any references listed on this application to give you any information (including opinions) that they may have regarding my character and fitness for children's work. In consideration of the receipt and evaluation of this screening form by Camp Beechpoint, I hereby release any individual, church, youth organization, employer, charity, reference, or any other person or organization, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or my family on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

As a volunteer for Camp Beechpoint, I agree to abide by the child protection policy and to refrain from unscriptural conduct in the performance of my services on its behalf.

All information acquired will be used within the Camp Beechpoint organization as it pertains to your ministry with children unless signified otherwise in written form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date