Adult Self-Screening Form

\*Form must be completed and background check administered for ALL participants 18 & Older

Camp week \_\_Week 6 – July 9-15, 2017\_\_\_\_\_\_\_\_\_ Camp \_Cumberland Pines\_\_\_\_\_\_\_\_\_\_\_\_

Church \_The First Presbyterian Church of Whippany\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ First \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_ \_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_ \_\_ Zip \_\_\_ \_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation and Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver's License number \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issuing State \_\_\_\_\_\_\_\_\_

If you will be driving during the camp week, you must fill out the following two lines:

Car Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy # \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One

1. Have you ever been convicted of a felony? **Yes No**

2. Have you ever been convicted or formally accused of any sex related or child abuse offense?

 **Yes No**

3. Have you had a background check completed within the past 3 years to verify the responses to

the above questions? **Yes No**

4. Have you participated in Safe Sanctuary or similar youth protection training program?

**Yes No**

If you answered YES to questions #1 and/or #2, please fully explain on back of form.

If you answered YES to question #3, what was the date of your background check?

Date of check **4 / 26 / 2017** Your background check MUST be on file at your church.

If you answered NO to question #3, you must have a background check completed before arrival to camp. If your church does not offer this service, Mountain T.O.P. will have one processed. You will need to reimburse Mountain T.O.P. for this cost; fees vary by state.

 YES, we need Mountain T.O.P. to process a background check for me. \*SSN only needed

if Mountain T.O.P. is completing background check.

I fully support Mountain T.O.P.'s effort to increase the probability of having a safe environment in our camp week for youth to perform mission work without fear of irresponsible adults who may take advantage of them or put them at risk of being hurt. I certify, to the best of my knowledge, the information that I have provided on this form is true and accurate. I authorize any investigation, including a background check, of any or all statements made on this form.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­ \_\_\_Date \_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Contact Person Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Senior Pastor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_ \_\_\_\_\_\_\_