



Background Check Verification Form

Please list the information of all pre-screened adults that will be accompanying students
from _____

Week of Camp _____

Name _____ Birthday ___/___/___ Background Check Date ___/___/___	Name _____ Birthday ___/___/___ Background Check Date ___/___/___
Name _____ Birthday ___/___/___ Background Check Date ___/___/___	Name _____ Birthday ___/___/___ Background Check Date ___/___/___
Name _____ Birthday ___/___/___ Background Check Date ___/___/___	Name _____ Birthday ___/___/___ Background Check Date ___/___/___
Name _____ Birthday ___/___/___ Background Check Date ___/___/___	Name _____ Birthday ___/___/___ Background Check Date ___/___/___

Can you verify that you have run National Criminal & Sex Offender checks on each individual listed above?
 Yes No

Can you verify that each individual listed above has been cleared to work with minors based on their
background check? Yes No

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS TRUE, CORRECT AND COMPLETE.

Authorized Signature _____

Position _____ Phone Number ____ - ____ - _____