



# 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 \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_