



**Applicants Affidavit**

I affirm that the information provided by me in this application for acceptance is true and correct without consequential omission of any kind whatsoever. I agree that Camp Anokijig shall not be liable in any respect if my acceptance to participate is terminated because of falsity of statements, answers, or omissions made by me in this application. I also authorize the companies, schools, or persons named by me to give any information they may have regarding me, whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void and if employed, would be reason for discipline or termination. I expressly release any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment, from liability for disclosing, to Camp Anokijig any knowledge or information thereby required. If you decide to investigate my personal, criminal, credit, motor vehicle, or work history, I authorize you to do so. If a report is obtained from a consumer reporting agency you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of that information contained in the report. I fully understand and agree that the submission of this application does not obligate Camp Anokijig to allow my participation in the volunteer Anokijig staff program. Further if accepted as a volunteer I agree to abide by all Staff policies and codes of conduct.

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Date

APPLICANTS PRINTED NAME

APPLICANTS SIGNATURE