

Adult Volunteer Background Check Information



Thank you for your interest in Volunteering at Anokijig. It is through the dedicated support and efforts of people like you that Anokijig thrives.

In our commitment to ensure the highest quality and safest camp experience for our campers we ask that each adult volunteer complete the following form with the required information to allow for a State of Wisconsin Criminal background check and a National Sex Offender Registry check. All information is kept confidential and used solely to determine suitability for our program. In the case that you are denied the opportunity to take part in our program due to the information collect these reports will be shared with you.

Thank you for your continued support.

SENIOR STAFF

Name _____
 _____ Last _____ First _____ Middle _____
 _____ Male _____ Female Birth date _____
 Social Security # _____

Permanent Address information (Home) Address _____	Dates at this Address _____ to _____
City _____ State _____ Zip _____	

Primary E-mail Address: _____ Second E-mail: _____

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• **Voluntary Disclosure Statement**

• Previous residence(s) for last 5 years (including college and home residences)

• City _____ State _____ Dates _____ to _____

• City _____ State _____ Dates _____ to _____

• City _____ State _____ Dates _____ to _____

• City _____ State _____ Dates _____ to _____

• City _____ State _____ Dates _____ to _____

• Do you use illegal drugs? Yes No

• Has your driver's license ever been suspended or revoked? Yes No

• Have you ever been charged with child neglect or abuse? Yes No

• Have you ever been convicted of any crimes against children? Yes No

• Have you ever been convicted of offenses related to obscenity, pornography, or crimes involving minors? Yes No

• Have you ever been convicted of a criminal offense? Yes No

• Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No

• Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order of protection? Yes No

• Have your parental rights ever been terminated for reasons involving g sexual or physical abuse of children? Yes No

• Other than the previous; is there any fact or circumstances involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of young people? Yes No

• **Explain any Yes answers in full on an attached sheet.**

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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.

Date

APPLICANTS PRINTED NAME

APPLICANTS SIGNATURE