

# AIM Adult Self-Screening Form

Camp week \_\_\_\_\_ Camp \_\_\_\_\_

Church \_\_\_\_\_

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 a 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ *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 camps to perform mission work without fear of irresponsible adults. 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 \_\_\_\_\_