

Adult Self-Screening Form

**Form must be completed and background check administered for ALL participants 18 & Older*

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 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 camp week for youth to perform mission work without fear of irresponsible adults who may take advantage of them or put them at risk of being hurt. 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 _____

Contact Person Signature _____ Date _____

Senior Pastor Signature _____ Date _____