

Adult Self-Screening Form

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

Camp Weekend Dates: _____

Church _____

Last Name _____ First _____ MI _____

Address _____ City _____ St _____ Zip _____

Phone _____ Email _____

Occupation and Employer _____

*Social Security Number _____ Date of Birth _____

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 that is on file either with your church or MTOP? **Yes** **No**
4. Have you read and understood the contents of the Core Guide packet? **Yes** **No**

If you answered **YES** to questions #1 and/or #2, please fully explain on the back of the form.

If you answered **YES** to #3, what was the date of your background check: _____

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 of \$10.

YES, we need Mountain T.O.P. to process a background check for me. *SSN only needed if Mountain T.O.P. is completing your 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.

Signature _____ Date _____

Senior Pastor Signature _____ Date _____

Pastor signature is only needed if your background check is on file at your church.