Adult Self-Screening Form

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

Camp Dates:			
Group			
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	a felony?	Yes	No
2. Have you ever been convicted or	formally accused of an	y sex related or chi Yes	ld abuse offense? No
3. Have you had a background check the above questions?	k completed within the	e past 3 years to ver Yes	rify the responses to No
4. Have you read and now understat 15-16)?	nd the contents of the	Expectations for Pa Yes	articipation (pages No
If you answered YES to questions #	1 and/or #2, please ful	ly explain on the ba	ack of the form.
If you answered YES to #3, what wa	s the date of your back	ground check:	
Your form MUST be submitted	to the MTOP Office	e at time of final	payment.
If you answered NO to question #3, to camp. If your church does not off You will need to reimburse Mountai	er this service, Mount	ain T.O.P. will have	
YES, we need Mountain T.O needed if Mountain T.O.P. is con			. *SSN is only

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	
0		

Contact Person Signature _____ Date _____

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