

2017 CampACC Background Check Release Form

All Fields Must Be Completed. You may use "N/A" if there truly is not an applicable answer.
Once completed, this form must be submitted to the camp office no later than 2 weeks prior to the start of the first session you will be serving. You can fax the completed form to (423) 743-0390, email to julie@campacc.com, or mail to:

Camp ACC - 512 Cross Circle - Unicoi, TN 37692

▶ *These fields are required. Any form filled out without these fields will be considered incomplete and cannot be processed.*

▶ **Full Legal Name** _____

▶ **Date of Birth** _____ **Gender** M F

▶ **Social Security Number** _____ **Drivers License #/State** _____

▶ Current Address	▶ Previous Address	▶ Previous Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
From (Mo/Yr) -To (Mo/Yr)	From (Mo/Yr) -To (Mo/Yr)	From (Mo/Yr) -To (Mo/Yr)

▶ **List 2 Personal References:**

1) Name _____ Relationship _____ Phone _____

2) Name _____ Relationship _____ Phone _____

Briefly tell us why you are interested in serving at CampACC:

I recognize that **Appalachian Christian Camp** is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is true and correct. I hereby authorize **Appalachian Christian Camp** and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative report to be generated for employment and/or volunteer purposes. I understand that the scope of the investigative report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, and county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Appalachian Christian Camp** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources

I hereby release Appalachian Christian Camp, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

▶ **Signature** _____ ▶ **Date** _____