



Criminal Background History Check The Great Gluten Escape Camp, Inc.

The safety of the campers is the most important consideration in the appointment of a volunteer. In order to help safeguard the campers in our care, the Great Gluten Escape Camp, Inc. has joined other youth serving agencies in conducting criminal background history checks on the volunteers who work directly with children. Information obtained will be handled by the camp in a confidential manner.

You must complete this form to be considered for any volunteer position. Any volunteer agreement is contingent upon the completion and review of a criminal background history check.

Please print information...			
_____	_____	_____	
First Name	Middle Name	Last Name	
_____	_____	_____/_____/_____	_____
List maiden name or other names used		date of birth (month/day/year)	
Address _____	City _____	State _____	Zip _____
Home phone # _____	How long have you lived in present State? _____		
List other states you have lived in over the last 10 years _____			
Race _____	Sex: { female { male		
Driver's license # _____	Which state? _____		

Authorization to Obtain Information

I hereby give my permission for the Great Gluten Escape Camp, Inc., to obtain information relating to my criminal history record. The Criminal History Record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain a volunteer here, the Criminal History Records check may be repeated at any time. I understand that I will have an opportunity to review the Criminal History and a procedure is available for clarification if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators and assigns hereby remise, release and forever discharge the Great Gluten Escape Camp, Inc. and each of its officers, directors, employees, and agents from and against any and all causes of actions, charges, liabilities, claims and demands whatsoever, encompassing all claims for damages, including court costs, expenses and attorneys' fees, resulting from the investigation of my background in connection with my application to become a volunteer/staff member. I hereby agree to hold the Great Gluten Escape Camp, Inc. harmless and to indemnify it from any such causes of action, charges, liabilities, claims and demands which might in the future be made from or by any party claiming by, under or through me.

Applicant's Signature

Date

Please return completed form along with Adult Registration to:

The Great Gluten Escape Camp, 1019 Rockefeller Ln., Allen, TX 75002 or FAX : 972-759-9817