

BACKGROUND CHECK AUTHORIZATION

Today's Date: _____

REQUIRED INFORMATION:

First Name: _____

Middle Name: _____

Last Name: _____

Maiden or other Married Names (if applicable): _____

Birthdate: month/_____day/_____year/_____ Age: _____

Social Security Number: _____

Driver's License Number: _____

State Driver's License issued by: _____

I hereby give permission for *The Master's Workshop Camp* to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agency, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for a voluntary or employed staff position with this organization. I also understand that as long as I remain in a staff position 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, hereby remise, release and forever discharge and agree to indemnify The Master's Workshop Camp, Inc, and each of its officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a staff member.

Applicant Signature

Parent/Guardian Signature (if under age 18)

For Program Coordinator Use Only:

Checked: Criminal _____ Civil _____ Sex Offender _____

Notes: _____