

Please mail to: INUMC, Attn: Camp Volunteer, 301 Pennsylvania Parkway – Suite 300, Indianapolis, IN 46280
or fax to: (317) 735-4237 at least two weeks prior to the start of your event.

Impact 2818
Background Check Form/Volunteer Registration

BACKGROUND CHECK INFORMATION

Permission

I hereby authorize Impact 2818 and its employees to verify, obtain copies of records, and gather any information pertaining to my submitting applications for employment or volunteering.

Authorization

I give my permission to release information from my files as permitted by law pertaining to Driving, Law Enforcement, Credit, Education, and Public records.*

Release of Liability

I release and discharge Impact 2818 and those associated from any claims, liability, and action for damages, compensation or otherwise, known or unknown, on account of or arising out of the investigation and disclosure of the requested information. I also release liability from companies, employees, and persons providing good faith in completing a background investigation for my employment or volunteer status.

First name: _____ Middle name: _____ Last name: _____

Other names I have used (maiden, past married, any other): _____

Address: _____

City: _____ State: _____ Zip: _____

Previous address: _____

Date of birth: ____/____/____ Gender: Female Male

Social Security #: ____ - ____ - ____

Phone #: (____) ____ - ____ Email: _____

Church: _____ Church city: _____

Camp site: _____ Event number: _____

What is your t-shirt size? Sm Med Lg XL 2XL 3XL

Impact 2818 cares about the youth, children, and vulnerable adults we have in our programs. We wish to ensure their safety while they are under our supervision. Therefore, we are asking everyone who volunteers or works for this camping ministry to fill out this form. Please complete this form and provide an explanation for any “yes” answers.

1. Have you ever been convicted of any crime against children or other persons?

Yes No

2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor or other persons?

Yes No

3. Have you ever been found by a court in a domestic relation proceeding to have sexually abused or to have physically abused any minor or other persons?

Yes No

4. Have you ever been convicted of the possession, use, or sale of drugs within the last seven years?

Yes No

5. Have you been released from incarcerations for a conviction of the possessions, use, or sale of drugs within the last seven years?

Yes No

6. Within the last 30 days, have you abused alcohol, legal, or illegal drugs?

Yes No

7. Have you ever been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult?

Yes No

8. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult?

Yes No

9. a. Have you ever been licensed by a licensing board that licenses businesses/professions?

Yes No

b. If yes, has this license ever been revoked? (If yes, please provide an explanation)

Yes No

10. Other than the above matters, is there any fact or circumstance involving you and your background that would call into question your being entrusted with the supervision, guidance, and care of young people?

Yes No

Waiver Form

I give my permission for Impact 2818 to review Law Enforcement and Public Records in the assessment of my serving in this ministry. I also give my permission for Impact 2818 to use any pictures or video of me in their publications.

I agree to live by the understanding that as a person in authority it is my responsibility to avoid sexual contact with children, youth, vulnerable adults, and developmentally challenged persons in my care, even if one attempts to initiate the contact.

I will find alternative ways to discipline, agreeing that under no circumstance will I use spanking, neck or choke holds, ear or hair pulling or any other corporal punishments as a means of discipline.

I certify that the information I have provided is true and correct; if found that the answers are untrue, I understand it may be cause for immediate dismissal.

Signature: _____ Date: _____

Printed name: _____

*This is a general use form and not all checks listed are completed upon each person.