

CONFIDENTIAL **Destroy Bottom Section after Check**

Background Check Authorization

Have you had a National Check Background check run in the past 2 years?
You can supply proof and forgo another check.

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **PNW Annual Conference of the UMC** and its designated agents and representatives to conduct a comprehensive review of my criminal background causing an investigative report to be generated for employment and/or volunteer purposes. I understand that the scope of the report/ investigative report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any 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 **PNW Annual Conference of the UMC** or its agents for the purpose of verifying my fitness to work with vulnerable populations.

**** PNW Annual Conference of the UMC** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Tear off this section and destroy after running the check. Retain only the top portion.

Social Security Number: _____ Date Of Birth: _____

COVENANT FORM

16170 Manastash Road, Ellensburg, WA 98926

The goal of Christian Education Outdoors

In the Pacific Northwest Annual Conference

To enable each person who participates to better...

...know the love and acceptance of God as revealed in Jesus
through the Holy Spirit, through the Scriptures, and
through the history of God's people;

...become more fully aware of whom he/she is in relationship to God,
the natural environment, those of the community of faith, and
to all persons everywhere;

...know and act upon the meaning of God's call to discipleship

STATEMENT OF COVENANT

The camp setting offers the church a unique opportunity for ministry to and with the whole person, body, mind and spirit. We acknowledge that a special covenant is created when churches and parents entrust their children and youth to the care of a United Methodist camp staff. We hold each camper as a person of immeasurable worth as a child of God.

As a person serving at camp, I will:

- ... respect each child, youth, and adult; acting in an appropriate and Christian manner with each person I come into contact with at camp,
- ... attend training events and prepare myself in advance for the camping experience,
- ... follow the directions of the camping leadership (the Dean and Camp Director) and the policies of the Camping Board of Stewards,
- ... offer opportunities for growth (including spiritual growth) in settings and activities appropriate to campers' ages and stages of development,
- ... support The United Methodist Church, being aware of and sensitive to its Doctrine and Social Creed,
- ... open myself to the spiritual growth possible for me as I live through a week of camping,
- ... be willing to share my unique gifts while honoring the gifts of others,
- ... act only in ways that will offer glory and honor to God and God's gifts of community and creation,
- ... live by the understanding that, as a person in authority, it is my responsibility to avoid sexual contact with children/youth/vulnerable adults/developmentally disabled persons in my care, even if one attempts to initiate the contact, and
- ... 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 punishment as a means of discipline.

I consent to and authorize the use/reproduction by the camps and CCOM Office, or anyone authorized by us, of all photographs taken of me, for any purpose whatsoever, without compensation to me.

Printed name: _____

Signature: _____ Date: _____