

Health Insurance Information:

Name of Insurance Company _____
Policy Number _____ Group Number _____
Name of Insured _____
Address _____ City _____ State _____ Zip _____

Criminal Records Check Authorization

I hereby give my permission for Sierra Christian Service Camp 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 or volunteer position with Sierra Christian Service Camp.

I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have the opportunity to review the criminal history and procedure is available for clarification, if I dispute the record as received. I also understand that, by law, I may see a copy of the transcript, for its review, but may not receive a copy of the document in any fashion or form.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Sierra Christian Service Camp and each of their officers, directors, employees, and agents harmless from and against any and all cause of action, suits, liabilities, costs, debts, and sums of money, claims, 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 volunteer or employee of Sierra Christian Service Camp.

Print Name _____

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(If applicant is under 18 years of age)