

**Fort Hill Christian Youth Camp
Background Check Authorization**

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

SS#: _____ Birthdate (mm/dd/yy): _____

Phone: _____ Cell: _____

Email: _____

Maiden name (if applicable): _____

Signature: _____

Your signature authorizes Fort Hill Christian Youth Camp to use this information to search public and private criminal and sex offender databases for records matching this criterion.

Please complete this form and return it to your camp manager at least three weeks before the start of your camp week so the necessary background checks can be completed. Since this form contains sensitive personal information, please take care on how you get the information to your camp manager.

For your security:

- Please put the form in an envelope even if you are handing it directly to your camp manager
- Do not email the form. Most email accounts are not secure.
- Once the background check is completed, this form is shredded.
- Your SS# and birthdate are not included on the printed background form. These forms will be in a locked file in the camp office.