

**CONFIDENTIAL**

**Miracle Camp and Retreat Center  
Background Check Authorization**

Area of Ministry/ Service: \_\_\_\_\_

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)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Miracle Camp and Retreat Center** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, 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 individual, 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 **Miracle Camp and Retreat Center** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Miracle Camp and Retreat Center**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name:** \_\_\_\_\_

- 1. List any denominations or churches of which you have been a member, including the city and state. List all previous church service, volunteer or paid, you have provided for the last 10 years, and any special gifts and talents. Include approximate dates. *(Attach a separate page, if necessary.)*

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- 2. List all your (non-church) previous employers. Include approximate date, organization's name and address, type of work you performed, name of supervisor and phone number. *(Attach a separate page, if necessary.)*

Date:                  Organization:                  Type of Work:      Supervisor:                  Phone:

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- 3. List your highest earned academic degree (and/or professional license). Include date, organization's name and address, type of degree (license), and phone number.

Date:                  Organization:                  Type of Degree:                  Phone:

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- 4. Please provide the names and phone numbers of three personal references not related to you.

Name:                                  Home Phone:                  Work Phone:

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- 3. Because **Miracle Camp and Retreat Center** cares for all persons on our campuses, we ask you to please answer the following questions. We understand the following questions are personal and we will protect your privacy.

- a. Have you ever been charged with or committed a crime (regardless of age), including criminal traffic violations?     Yes    No

If yes, please explain: *(attach a separate page, if necessary)* \_\_\_\_\_

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- b. Would you be willing to be fingerprinted?     Yes    No

- c. Were you a victim of abuse or molestation while a minor?     Yes    No

- If you prefer, you may refuse to answer this question. You may discuss your answer in confidence with one of the ministers rather than answering on this form. Answering yes or leaving the question unanswered will not automatically disqualify you.

- d. Is there anything in your past or present that would prohibit you from effectively ministering to our campers?     Yes    No

If yes, please explain: *(attach a separate page, if necessary)* \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_