

# Adult Self-Screening Form

***\*Form must be completed and background check administered for ALL participants 18 & older***

Camp week \_\_\_\_\_ Circle: Baker Mountain      Cumberland Pines  
Church \_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Occupation and Employer \_\_\_\_\_  
\*Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

I would like to be subscribed to Mountain T.O.P.'s monthly newsletter to receive more information about ministry events.

1. Have you ever been convicted of a felony? **Yes**      **No**
2. Have you ever been convicted or formally accused of any sex related or child abuse offense? **Yes**      **No**
3. Have you had a background check completed within the past 3 years to verify the responses to the above questions? **Yes**      **No**
4. Have you read and now understand the contents of the Creating Safe Communities packet (pages 13-20)? **Yes**      **No**

If you answered YES to questions #1 and/or #2, please fully explain on the back of the form.

If you answered YES to #3, what was the date of your background check: \_\_\_\_\_

If you answered NO to question #3, you must have a background check completed before arrival to camp. If your church does not offer this service, Mountain T.O.P. will have one processed. You will need to reimburse Mountain T.O.P. for this cost for \$10.

YES, we need Mountain T.O.P. to process a background check for me. \*SSN is only needed if Mountain T.O.P. is completing the background check.

*I fully support Mountain T.O.P.'s effort to increase the probability of having a safe environment in our camp week for youth to perform mission work without fear of irresponsible adults who may take advantage of them or put them at risk of being hurt. I certify, to the best of my knowledge, the information that I have provided on this form is true and accurate. I authorize any investigation, including a background check, of any or all statements made on this form.*

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

Contact Person Signature \_\_\_\_\_ Date \_\_\_\_\_

Senior Pastor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Forms without all 3 signatures will not be accepted.*