

**Background Screen Authorization Form**  
(All Camp Workers/Staff must complete & submit this form.)

**DISCLOSURE**

As part of the background screening process, the Florida District, UPCI, (the "Company"), will obtain a consumer report, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

**AUTHORIZATION**

During the application process and at any time during the tenure of my voluntary work with the Company, I hereby authorize ChoicePoint WorkPlace Solutions Inc., on behalf of The Company to procure a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth (For I.D. purpose only)

Submit to: (352) 622-2547- (fax) or via mail to-  
Florida District UPCI; 5011 NW Gainesville Rd.; Ocala, FL 34475

Account Number: \_\_\_\_\_ (for FL Dist. UPCI use only) (4/27/09 version)

# Camp Worker's Application

(All Camp Workers must complete & submit a Background Screen Authorization form)

Which Camp(s) are you applying for (circle): Junior Crusaders Teen Conquerors College

## Church Information

Name of Home Church: \_\_\_\_\_ City of Home Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Church's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church's Phone Number: \_\_\_\_\_

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female Marital Status: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Additional Information

How long have you been filled with Holy Ghost? \_\_\_\_\_

How long have you been involved with Youth Ministries? \_\_\_\_\_

Have you been a worker at Florida UPCI camp in the past? \_\_\_\_\_

If yes, which camp(s) and when? \_\_\_\_\_

Have you been a worker at an out-of-state UPCI camp in the past? \_\_\_\_\_

If yes, which states and when? \_\_\_\_\_

Have you ever been accused of child abuse or child molestation? \_\_\_\_\_

## Requirements

- You must be 21 years of age or have written approval by the Department sponsoring the Camp.
- You must stay at camp the entire week.
- This application must have both your signature and your pastor's signature.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

**Return form to:** Florida District United Pentecostal Church, Inc.; 5011 NW Gainesville Rd.; Ocala, FL 34475

**Please Note:** Your application will be submitted to the appropriate department for approval. Once the application has been approved, you will be contacted as needed. Please do not come to Camp if you have not been contacted.