

# Volunteer Sign Up Form

## Mission Week - Free Day Camp

Our Mission: To share God's love and His Word with each camper and their families

Date: Aug. 13-17

Time: 7:30-5:30

Age Groups:    K-1st    7 Kids            2nd-3rd    7 Kids            4th-5th    7 Kids

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever had a background check through your work or church?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

*(If No, please complete the Waiver on the next page)*

Teacher            K-1st            \_\_\_\_\_  
2 Per Age Group  
**Need at least**    2nd-3rd            \_\_\_\_\_  
**one teacher**  
**committed to**  
**the entire week** 4th-5th            \_\_\_\_\_

Food                                    7:30-9:00    9:45-10:45    11:00-2:00    3:15-4:15  
Breakfast/Lunch/Snack            **please circle preferred time(s)**

Recreation                            7:30-1:00 Mon-Thurs            7:30-5:30 Friday  
**please indicate time(s) that can be**  
**worked if other than entire time**            \_\_\_\_\_

Music                                    \_\_\_\_\_ 10:00-12:30

Crafts                                    \_\_\_\_\_ 10:00-12:30

Van Driver                            \_\_\_\_\_ 10:30-1:30 Tues-Thurs Only  
**(Brushy Fork church members only due to insurance)**

Completed forms can be returned to Brushy Fork Baptist Church in one of the following ways:

- 1) Email: [office@brushyforkbaptistchurch.org](mailto:office@brushyforkbaptistchurch.org)
- 2) Mail: Brushy Fork Baptist Church  
Attn: Camp Week  
3915 US Hwy 421 N  
Vilas, NC 28692

**DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE  
SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Brushy Fork Baptist Church** ("the Company") may obtain information about you for employment ("Volunteer") purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by LexisNexis Screening Solutions Inc, P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, [www.lexis.com/risk/solutions](http://www.lexis.com/risk/solutions). The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, [www.lexis.com/risk/solutions](http://www.lexis.com/risk/solutions), another outside organization acting on behalf of the Company, and/or the Company itself. LexisNexis® Screening Solutions Privacy Policy: [privacypolicy.lexisnexis.com/screen.html](http://privacypolicy.lexisnexis.com/screen.html). I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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