

Volunteer/Staff Authorization Form

Background Check Consent Form

Applicant Name: _____

Address: _____

Date of Birth: _____ SSN: _____

I hereby authorize representatives of Camp Formosa to obtain a criminal background report and to verify any and/or all information on my application for use in determining qualifications for camp workers. I understand this information is confidential and will be used only for this purpose.

Signature: _____ Date: _____