Adult Volunteer Background Check Information



Thank you for your interest in Volunteering at Anokijig. It is through the dedicated support and efforts of people like you that Anokijig thrives.

In our commitment to ensure the highest quality and safest camp experience for our campers we ask that each adult volunteer complete the following form with the required information to allow for a State of Wisconsin Criminal background check and a National Sex Offender Registry check. All information is kept confidential and used solely to determine suitably for our program. In the case that you are denied the opportunity to take part in our program due to the information collect these reports will be shared with you.

Thank you for your continued support.

NameLast								
Last	First			Middle				
Male Female		Birth date						
Social Security #								
Permanent Address information	(Home)		Da	ates at this Addı	ess		to	
Address								
City				State		Zip		
Primary E-mail Address:			_Second E-	mail:				
Previous residence(s) for last 5 year City	,		, i		State	Dates _	t	o
City					State	Dates	t	o
City					State	Dates	t	o
City					State	Dates	t	0
City					State	Dates	t	o
• Do you use illegal drugs? Yes	No							
• Has your driver's license ever beer	suspended or revoked?	Yes	No					
• Have you ever been charged with	child neglect or abuse?	Yes	No					
• Have you ever been convicted of a	my crimes against children?	Yes	No					
• Have you ever been convicted of o	offenses related to obscenity,	pornogr	aphy, or crim	es involving mino	rs? Yes	No		
• Have you ever been convicted of a	criminal offense? Yes	No						
• Have you ever been adjudged liable	le for civil penalties or dama	ges invo	lving sexual o	or physical abuse of	of childr	en? Yes	No	
 Are you now or have you ever bee tic order of protection? Have your parental rights ever bee 	Yes No		-			ncluding, Yes	but not limit	ted to a don
The your purchas rights ever bee	torinington for reasons lily		sexuui oi piiy	Sicui acase of elli	. G. C. I :	1 03	110	

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the supervision, guidance, and care of young people?

Explain any Yes answers in full on an attached sheet.

Applicants Affidavit I affirm that the information provided by me in this application for acceptance is true and correct without consequential omission of any kind whatsoever. I agree that Camp Anokijig shall not be liable in any respect if my acceptance to participate is terminated because of falsity of statements, answers, or omissions made by me in this application. I also authorize the companies, schools, or persons named by me to give any information they may have regarding me, whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void and if employed, would be reason for discipline or termination. I expressly release any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment, from liability for disclosing, to Camp Anokijig any knowledge or information thereby required. If you decide to investigate my personal, criminal, credit, motor vehicle, or work history, I authorize you to do so. If a report is obtained from a consumer reporting agency you must provide, at my request, the name							
of the agency so I may obtain from them the nature and substance of that information contained in the report. I fully understand and agree that the submission of this application does not obligate Camp Anokijig to allow my participation in the volunteer Anokijig staff program. Further if accepted as a volunteer I agree to abide by all Staff policies and codes of conduct.							
Date	APPLICANTS PRINTED NAME	APPLICANTS SIGNATURE					