

# CAMP CHOSON 2010 BACKGROUND CHECK FORM AND PARTICPATION WAIVER

Our insurance providers require us to obtain certified background checks on all adults (volunteers, counselors and staff) who may have contact with children during camp week. Basically, this includes any adult participating in camp who will be on any of the grounds at Camp Chosŏn. The background check itself is painless and the cost will be absorbed by the Board of Directors into the total insurance cost for camp. **You should know the confidential information you share with camp officials will be kept private and secure; also, this is only a criminal background check and not a credit check.** We depend on all our volunteers, counselors and staff to help us provide the best experience possible for our children and sincerely appreciate your cooperation with this requirement.

Please provide the following personal information about yourself and sign the consent. Please mail to our Insurance & Safety Coordinator at the address below for processing. **Only one individual per form please.**

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\_\_\_\_\_  
*Name: Last, First, Middle*

\_\_\_\_\_  
*Alias, Former or Maiden name*

\_\_\_\_\_  
*Birth Date*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Current Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Former Address:*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

**Consent for Background Check:** I, the above named individual, authorize the Bureau of Criminal Apprehension to disclose my criminal history record information to the Camp Chosŏn Board of Directors pursuant to state law for the purpose of my involvement with this organization. The expiration of this authorization shall be from the date of signature to the end of the current camp year, not to exceed one calendar year in duration.

**Participation Agreement:** I will assume the inherent risk associated with participation in all camp activities. I agree to hold harmless the Girl Scout Council of St. Croix Valley, the St. Croix Valley Korean-American Cultural Society, staff, counselors and other designated volunteers from any and all losses and/or accidents, however caused, and agree to release all parties involved from claim or damage that may arise as a result of such loss or accident.

\_\_\_\_\_  
*Signature of Adult named above*

\_\_\_\_\_  
*Date*



Please return this completed form to:  
Taud Hoopingarner  
Camp Choson Insurance & Safety Coordinator  
W11949 497th Avenue  
Prescott, WI 54021