



(360) 665-2888 • PO Box 711 • Ocean Park WA 98640 • coordinator@campvictoryforchildren.org

CAMP VICTORY APPLICATION PART 1

Please print clearly

Today's Date: _____

Your privacy is important to us. Please fill out this form to allow us to complete a background check. All volunteers with Camp Victory must pass periodic background checks. Your information will be kept private and confidential. This information will be used for the sole purposes of maintaining volunteer records and disclosed to legal authorities for obtaining criminal histories. Your information will not be sold, traded, or shared with any other entity.

Legal Full Name (First Middle Last): _____ Gender: _____

Name you prefer to go by: _____ Nicknames: _____

All other names you have been known by including maiden and married names: _____

Birth date: _____ States you have lived in within the last 5 years: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

The primary communication method of Camp Victory Volunteers is email. In the event that you cannot be reached by email, which phone number is the best to use? _____

If you answer "yes" to any of the following questions, provide a detailed explanation on the reverse side of this form.

- 1. Have you ever been convicted of any crime against another person? Yes No
- 2. Have you ever been accused and/or found guilty of sexually assaulting, exploiting, or physically abusing any minor? Yes No
- 3. Have you been convicted of the possession, use, or sale of drugs within the last four years? Yes No
- 4. Within the past 30 days, have you abused alcohol, and/or legal or illegal drugs? Yes No
- 5. Has your driver's license been suspended or revoked within the last three years? Yes No
- 6. Have you ever been found by a licensing board or any disciplinary board to have sexually or physically abused or exploited any minor or vulnerable adult? Yes No
- 7. Have you ever been the subject of a restraining order? Yes No
- 8. Is there any fact or circumstance involving you and your background that would call into question your being entrusted with the supervision and care of young people? Yes No
- 9. Is there anything going on in your life which may affect your role at camp or for which you may need additional support? Yes No



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By signing this document:

- I agree to live by the understanding that, as a person in authority, it is my responsibility to avoid sexual contact with children and youth in my care, even if I perceive that one attempts to initiate the contact.
- I will find alternative ways to discipline, agreeing that under no circumstance will I use spanking, neck or choke holds, ear or hair pulling, or any other corporal punishment as a means of discipline.
- I will not initiate contact with a minor aged camp attendee outside of camp unless directed by the Camp Director, the Counseling Chair, or her designate. Contact includes all forms of communication including, but not limited to, directly in person, by writing, by phone, or electronically.
- I understand that at least every two years, a background inquiry will be made to the Identification and Criminal History section of the Washington State Patrol.
- I understand that participation in camp training neither guarantees nor commits me to the actual camp experience. I also understand that as a camp volunteer, I am expected to abide by the organization guidelines, policies, and confidentiality requirements.

I certify that the information I have provided is true and correct.

Signature: _____ Date: _____

Printed Full Name: _____

Please provide explanation for any "yes" answers from the first side.
