



Volunteer/Employee Disclosure Form

All Adult Volunteers (including pastors, counselors, day-helpers) and Employees of Grace XP Youth Camp are required to fill out this form and send it to:

Grace XP Camp
Attn: Registrar
P.O. Box 94
Anderson, MO 64831

Note - by filling out and signing the form below, you authorize Grace XP Camp and its cooperating churches to perform a criminal background check on you.

Name: _____

Main telephone: _____

Address: _____

Age range: _____ 17 or younger _____ 18-25 _____ 26 or older

Camp Weeks: _____

Church Name: _____

T-Shirt size (Adult sizes) S M L XL XXL

Have you at any time ever: Been arrested for any reason? _____ Yes _____ No

Been convicted of, or plead guilty or no contest to any crime? _____ Yes _____ No

Engaged in, or been accused of, any child molestation, exploitation, or abuse? _____ Yes _____ No

Are you aware of: Having any traits or tendencies that could pose any threat to children, youth or others?
_____ Yes _____ No

Any reason why you should not work with children, youth or others? _____ Yes _____ No

If the answer to any of these questions is "yes," please explain in detail: _____

-I recognize that Grace XP Youth Camp is relying on the accuracy of the information I provide on the Volunteer/Worker Disclosure Form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct. I authorize the organization and its cooperating churches to contact any person or entity deemed necessary to collaborate the information provided on this form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications. I agree to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name: _____

Signature: _____ Date: _____

(Please read this document carefully before you sign it.)