

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 (Adu	lt sizes) S M L XL XXL					
Have you at any t	time ever: Been arrested for	any reason? Y	es No			
Been convicted or	f, or plead guilty or no conte	est 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 tender	ncies that could pose	any threat to chil	dren, you	ith or others?	
Yes1	No					
Any reason why y	you should not work with ch	nildren, youth or othe	rs? Yes	No		
If the answer to a	ny of these questions is "yes	s," please explain in d	letail:			
Volunteer/Worke absolutely true an entity deemed ned person or entity to	Grace XP Youth Camp is re r Disclosure Form. According to correct. I authorize the organization was provide the organization was alifications. I agree to prote on at all times.	ngly, I attest and affing ganization and its coof formation provided of with information, oping	rm that the inform operating churches in this form, and l ions, and impres	nation I hes to cont I further a sions rela	nave provided is act any person authorize any s ating to my	or uch
Printed name:						
Signature:			_ Date:			
(Please read this o	document carefully before y	ou sign it.)				