



**APPLICATION AND CONSENT FORM FOR BACKGROUND SEARCH**  
**Association of the Churches of God in Oregon, Inc**

**LIST EVENT WHERE YOU WISH TO SERVE:**

- Campmeeting - Age Group:  Nursery  Pre-School  Elementary  Youth **AND/OR**  
 CWB Summer Camp - Age Group:  Intro.  Primary  Junior  Middle School  Sr. High

**PERSONAL INFORMATION: Please print**

My **full legal name** is \_\_\_\_\_  
First Name Middle Name Last Name

Maiden name or other names used \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Age \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Church \_\_\_\_\_

**BACKGROUND SEARCH:**

*For the safety of our children and youth, a background search will be completed on Association employees and volunteers. Your signature below authorizes the Association of the Churches of God in Oregon, Inc. and/or its agents to make an independent investigation of your background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on this application. I release the Association of the Churches of God in Oregon, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.*

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of License \_\_\_\_\_

List **ALL** states in which you have resided: \_\_\_\_\_

If you've lived in California, please list **EVERY** California county in which you have lived:

Have you been convicted of any crimes of abuse to children or youth? \_\_\_\_\_

I have read, understood and agree to completely comply at all times with both the Policy for Preventing Abuse of Children and Youth and the Oregon Child Abuse Reporting Law (copies attached to this application).

**Applicant's Signature:** \_\_\_\_\_

After filling out this application, please give it to your senior pastor and have him/her complete the reference portion below. **This completed application must be returned to the District Office (at the address below) no later than one week PRIOR to the children's or youth event you plan to serve.**

**REFERENCE - MUST BE FILLED OUT BY CHURCH PASTOR**

The above applicant is regularly attending this church & has been for at least 6 months.

**Is there anything about this person's character or ability to lead that would cause concern in a camp setting?**

**Would you recommend this person for participation in this event?** \_\_\_\_\_

**PRINT** Senior Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Senior Pastor's Signature:** \_\_\_\_\_

**Mail this application to: Association of the Churches of God, PO Box 18000, Salem, OR 97305**

(If you have any questions, please call 800-873-7729)