



Mandatory Volunteer Criminal Background Check

Please Read Carefully Before Signing the Authorization

DISCLOSURE

Our insurance providers require us to obtain certified background checks once every three (3) years for **ALL** adult (*age 18 or over*) volunteers, counselors, and staff (Board Members, key volunteer coordinators, instructors) who:

- Volunteer on camp property
- Have direct contact with children during camp week
- Participate in camp and will be on any of the grounds at Camp Chosŏn

There is **no cost** to individual participants, as this cost is absorbed as Camp Chosŏn operating costs.

In considering you for a volunteer role, including counselor and instructor roles, Camp Chosŏn may obtain information about you from a third party consumer reporting agency, **Intellicorp Records, Inc.** Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”).

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **IntelliCorp Records, Inc., 3000 Auburn Dr, Suite 410, Beachwood, OH 44122; Tel. No. 1.800.946.8355; www.intellicorp.net.**

Under the Fair Credit Reporting Act (FCRA), before Camp Chosŏn can obtain a consumer report about you, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA. You can expedite this process **by providing your email address on the Background Check Authorization.**

Please mail only the completed Background Check Authorization Form and Participation Waiver no later than

MAY 31, 2019 to: Camp Chosŏn Insurance & Security Coordinator
C/O Terri Curtis
14174 53rd St N
Oak Park Heights, MN 55082

All information on the authorization form is sensitive and is maintained in a confidential manner with the Camp Chosŏn Insurance & Security Coordinator for a period of five (5) years, at which time the authorization form will be shredded.

This is only a criminal background check and not a credit check.



St. Croix Valley
Korean-American
Cultural Society, Inc.
dba Camp Chosŏn

Camp Chosŏn Background Check Authorization Form and Participation Waiver

Background Check Authorization

I acknowledge receipt of the separate stand alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" by Camp Chosŏn at any time after receipt of this authorization and throughout my volunteer role, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency to furnish any and all background information requested by IntelliCorp Records, Inc., 3000 Auburn Dr, Suite 410, Beachwood, OH 44122; Tel. No. 1.800.946.8355; www.intellicorp.net and to disclose my criminal history record information to the Board of Directors of the St. Croix Valley Korean-American Cultural Society, Inc./dba Camp Chosŏn as a part of its volunteer screening process.

I agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports that may be requested about me by or on behalf of Camp Chosŏn.

Camp Chosŏn depends on our volunteers, counselors, and staff to help us provide the best possible experience for our children and sincerely appreciates your cooperation with this requirement.

Please provide the following personal information about yourself and sign the consent. Please mail to our Insurance and Security Coordinator for processing no later than **May 31, 2019**. **Only ONE individual per form please.**

To comply with insurance requirement, **ALL** adult (18 years or over) volunteers, counselors, and staff (Board Members, key volunteer coordinators, instructors) for camp **MUST** complete a Background Check Authorization **ANNUALLY**.

PLEASE submit the form no later than MAY 31, 2019.

Camp Role: ___ Board Member/Key Coordinator ___ Counselor ___ Instructor ___ Volunteer

PRINT Name: Last, First, Middle

Alias, Former, or Maiden Name

Birth Date

Social Security Number (**MUST** have to run background check)

Email Address(may be used for official correspondence)

Current Street Address

City

State

Zip

Former Street Address during the previous 7 years

City

State

Zip

You may request a free copy of any consumer report we obtain on you by checking the box.

*****To comply with insurance requirements, ALL adult (18 years or over) volunteers, counselors, and staff (Board Members, key volunteer coordinators, instructors) MUST answer the following prior to signing this Authorization:**

Have you ever been convicted of any crime, including sex-related or child abuse-related offenses? ___ Yes ___ No

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will sufficient grounds for rejection of or discharge from my volunteer, counselor, instructor, or staff role.

Participation Waiver: I will assume the inherent risk associated with participation in all camp activities. I agree to hold harmless the Girl Scouts of Minnesota and Wisconsin River Valleys, the St. Croix Valley Korean-American Cultural Society, Inc. /dba Camp Chosŏn, 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