

# Camp Counselor Background Check Authorization

As part of the application process for volunteering/employment as a camp counselor with our nonprofit organization, we require your consent to conduct a background check.

## Personal Information

Full Name

Date of Birth

Current Address

City

State

Zip Code

Phone

Email

## Authorization

I authorize the nonprofit organization to obtain information regarding my background, including records from any law enforcement or other agencies, as necessary for participation as a camp counselor. I release all persons and organizations from liability for providing such information.

Signature

Date

