

## BACKGROUND SCREENING CONSENT

I, \_\_\_\_\_, (print name) hereby authorize Western Baptist Association (WBA) Youth Camp, to make an independent investigation of my background, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming information contained on my application and/or obtaining other information that may be material to my qualifications for staff member at WBA Youth Camp.

I release WBA Youth Camp and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits regarding information obtained from any and all of the above-referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

**PLEASE PRINT (Complete, sign and date)**

Last Name	First Name	Middle Name
Other Names Used		
Present Address, City, State, Zip		How long at present address?
Former Address, City, State, Zip		How long at former address?
Social Security #		Date of Birth (mo/day/yr)
Driver's License #		State of License

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Signature of Applicant

Date