

BACKGROUND INVESTIGATION CONSENT

I, (Print Name) _____ hereby authorize the Lake Springfield Baptist Camp to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those by both public and private organizations and all public records for the purpose of confirming the information contained on my application or volunteer form(s) and/or obtaining other information which may be material to my qualification for employment or as a volunteer now and, if applicable during the tenure of my employment or as a volunteer with Lake Springfield Baptist Camp.

I release the Lake Springfield Baptist Camp and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claim or lawsuits in regards to the 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:

Full Name (Printed) _____

Phone (_____) _____

Maiden Name or other Names Used _____

Present Street Address _____

City/State/Zip Code _____

Length of time at present address _____

Former Street Address _____

City/State/Zip _____

Length of time at former address _____

Date of Birth _____

Social Security Number _____ - - - - - _____ - - - - - _____

Driver's License # _____

State of License _____

Signature _____ **Date** _____

NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment or placement.

Return Form to: Lake Springfield Baptist Camp, P O Box 556, Chatham, IL 62629
Or scanned and sent as e-mail attachment to: lsbconline@gmail.com