**ALACCA Bible Conference**
**Authorization and Request for Criminal Records Check**

I, _____, hereby authorize Camp ALACCA to request a background screening through ChoicePoint and authorize the release of any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including, but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law.

_____ _____
Signature of Individual Authorizing Release Date

Print Volunteer/Staff full name _____

Print all other names that have been used (include maiden name)

_____

Current Address _____

_____

Previous Address (if at current address less than 7 years)

_____

_____

_____

Phone _____

Social Security # _____

Date of Birth _____ Place of Birth _____

The request form must be sent to the Camp ALACCA office.

Camp ALACCA
Attention: Mark Kennedy, Director
PO Box 232
Grangeville, ID 83530
camp@alacca.org (208)983-1188 www.alacca.org