



Lions Wilderness Camp for Deaf Children, Inc

Volunteer Staff Checklist

This registration package contains the forms and information necessary for all camp volunteers working at the camps who will be in contact with children. It should be used as a checklist to ensure everything we need is submitted. **All volunteers for the in-camp programs working with and around children will need to complete all forms.** All are fill-in PDF forms. Navigate using the tab key and "enter" to place checkmarks. Specific instructions and requirements have been noted for use of each form. Please keep a copy of all forms submitted for your own records. **All may be scanned and emailed to lionnick@sbcglobal.net** , or mailed as noted.

Volunteer Application Form. This form is filled out online. If not already Complete go to the web site lionswildcamp.org/applications

Health History Form. This is an online fill-in form. If not already completed, go to: <https://wildernesscamp.wufoo.com/forms/contact-medical-information-2018-m14kkqk0jraaes/>. Enter as much information as possible so you can be assured proper medical attention at camp. **All information is confidential and will be sent directly to the camp medical representative.** Please note that you are not covered by Workmen's Compensation for injuries and accidents sustained while at work.

Voluntary Disclosure Statement. Required annually for all staff and volunteers working at an established camp with children. Information is kept confidential and available only to personnel staff. Complete and submit at camp start.

-----Forms below this line not required for returning seasonal staff-----

Personnel Policies. Attached to this PDF. Retain page 1 & 2 for your records, sign, date and submit page 3 at start of camp.

Live Scan Request Form. This is for the computerized fingerprinting and subsequent background check required for all staff and volunteers working at an established camp with children. The Dept of Justice will report any RELEVANT information based upon convictions for the protection of our campers. Non-relevant information, such as DUI or charges without convictions, is not provided. All information and records are confidential and secured. You are responsible only for the fees charged by the facility completing the live scan and shall be reimbursed \$20 towards its cost. For the location and fees for completing the live scan, go to: <http://ag.ca.gov/fingerprints/publications/contact.php>.

You must use the Wilderness Camp request form. Complete the form and have live scan performed no later than 3 weeks prior to camp. Results are required before the camp session. **Not required for returning volunteers with results on file.**

After scan, retain your request form with scan # until livescan has been completed by DOJ.



Voluntary Disclosure Statement
All Camp Staff **FM 16**

Name _____ Birth date _____
Last First Middle

Home address _____
Street Address City State Zip

Social Security # _____ Other names by which known (e.g., maiden name) _____

Home phone _____ Business phone (if applicable) _____

Cell phone (optional) _____ E-mail address (optional) _____

School or College _____

Address _____
Street Address City State Zip

Driver's License # _____ State _____ Expiration Date _____

1. Previous residence(s) for last five years (include college and home residences):

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

(Continue on separate sheet, if necessary.)

2. Have you ever been arrested or convicted of any crime relating in any manner to children and/or your conduct with them?

Yes No

If yes, please explain in remarks.

3. Have you ever been arrested or convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

Yes No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain in remarks.

4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Yes No

If yes, please explain in remarks.

5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

Yes No

If yes, please explain in remarks.

6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

Yes No

If yes, please explain in remarks.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name
(AKA or Alias) Last

First

Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc.
Number

(Other Identification Number)

Home
Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed