



Lions Wilderness Camp for Deaf Children, Inc

Camp Staff Employment Checklist

This registration package contains the forms and information necessary for the newly hired staff to complete the required employment process. It should be used as a checklist to ensure everything we need is submitted. **All staff for the in-camp programs working with and around children will need to complete forms** as noted. 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. **Scan and email to:** lionscampfordeaf@gmail.com

Staff agreement. Should have been mailed or given to you by the Program Director or representative. Please sign and submit.

Personal Contact Information This is an online fill-in form. If not already completed, go to: **Staff Information** Enter as much information as possible

Health History Form. This is an online fill-in form. If not already completed, go to: **Online Staff & Volunteer Medical Form.** 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 covered by Workmen’s Compensation for injuries and accidents sustained while at work.

Medical ID Card. Copy your medical ID card and submit or hand carry to orientation.

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

FW 4 Federal Withholding Certificate or DE 4 California State Withholding Certificate. Required by the Dept of Treasury. Use instructions to determine entry amounts and submit immediately. use DE 4 only if FW 4 is not applicable **Do not submit BOTH;**

I-9 Employment Eligibility Verification Form. Required by the Dept of Homeland Security. Fill out form and present acceptable documents as listed to employer representative at or before the Staff Orientation.

BCIA 9018 Fingerprint Waiver Form. Complete the form from this package and submit at or before the Staff Orientation. If a new hire, take this form and BCIA 8016 when you get a livescan.

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

BCIA 8016 LiveScan Request Form ONLY use form from this package and have live scan performed **and dated no later than 3 weeks prior to camp.** This is for the computerized fingerprinting and subsequent background check required for all staff and volunteers working at an established camp with children. The Ca 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. For the location and fees for completing the live scan, go to: <https://oag.ca.gov/fingerprints/locations/> You are responsible only for the fees charged by the facility completing the live scan and shall be reimbursed \$25 towards its cost. Results are required before the camp session. After scan, retain your request form with scan # until livescan has been completed by DOJ. Do not submit.

Out of State volunteers **DO NOT USE** the Livescan Request Form; instead, complete and sign the BACKGROUND CHECK AUTHORIZATION FORM.

Personnel Policies. Should have been mailed or given to you by the Program Director or representative. Bring to Orientation.

State Fund Predesignation of Physician Form. Page 7 of the New Employee’s Guide to Worker’s Compensation. If applicable complete form and give to employer representative at or before the Staff Orientation.

State Fund Medical Provider Network Notice. Complete form and give to employer representative at or before the Staff Orientation.



Voluntary Disclosure Statement

All Camp Staff and volunteers

Name _____ Birth date _____
Last First Middle

Home address _____
Street Address City State Zip

Other names by which known (e.g., maiden name, nickname) _____

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 and/or charged with any crime? (This includes all arrests and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.) Yes No

If yes, please explain in remarks.

3. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? Yes No

If yes, please explain in remarks.

4. Have you ever been 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.

5. 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.

6. 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.

7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? Yes No

If yes, please explain in remarks.

Lions Wilderness Camp for Deaf Children, Inc
PO Box 8, Roseville, Ca 95661

MPN Implementation Notice

Unless you predesignate a physician or medical group, your new work injuries arising on or after 1 January, 2015 will be treated by providers in the State Fund Medical Provider Network. If you have an existing injury, you should continue treatment with your current primary treating physician. If you sustain a new work injury, treatment for this injury should be obtained through the State Fund Medical Provider Network. You may obtain more information about the MPN from the workers' compensation poster or from your employer.

I declare under penalty of perjury that I have reviewed and received a copy of the MPN Implementation Notice.

Printed Name _____

Signature _____

Date _____



BACKGROUND CHECK AUTHORIZATION

FCRA NOTICE AND ACKNOWLEDGMENT

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

Lions Wilderness Camp for Deaf Children may obtain information about you from a consumer reporting agency for employment/volunteer purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are selected, throughout your affiliation with the Company. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The report will be generated by **CampBackgroundchecks.com** (1200 South Outer Road, Blue Springs, MO 64015/816-228-5255) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are selected, throughout your affiliation with the Company to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION** (above) and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am selected, throughout my affiliation with the Company. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **CampBackgroundchecks.com**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. []

Applicants of New York Employers only: I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

California applicants only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. []

Full Name	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
Maiden Name, Previous Names, or Aliases Used:	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
Social Security Number:	Date of Birth:	Driver's License/ID State:	Driver's License/ID Number:
Please provide ALL residential addresses for the past seven (7) years.			
Current Address:			From
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Previous Address:			From/To
Telephone Number:	Email Address:		Check here if there are more addresses you have lived at in the last 7 years. <input type="checkbox"/>
SIGNATURE:			DATE: