



Camp LOHIKAN in THE POCONO MTS.

STAFF AUTHORIZATION and DISCLOSURE FORM

Camp Lohikan is required to obtain the information requested on this form from every staff member employed to work at camp. In addition, this form must be updated every summer the employee returns to camp.

Name _____ Birth Date _____
Last First Middle

Home address _____
Street Address City State Zip

Social Security Number _____

Home Phone _____ Business Phone (if applicable) _____

School or College _____

Address _____
Street Address City State Zip

Drivers License # _____ State _____ Expiration Date _____

1. Previous residence(s) for the last 5 years (include college and home residences):

City _____ State _____ Years _____

Attach an extra sheet if necessary.

2. Have you even been convicted of any crime of violence against minors, including but not limited to those listed below?

- Indecent assault and battery on a child under fourteen Yes No
- Indecent assault and battery on a mentally retarded person Yes No
- Indecent assault and battery on a person who has obtained the age of fourteen Yes No
- Rape Yes No
- Rape of a child under sixteen with force Yes No
- Assault with intent to commit rape Yes No
- Kidnapping of a child under sixteen with intent to commit rape Yes No
- Distribution and trafficking of narcotics or other controlled substances Yes No
- Intent to commit any of the above crimes Yes No
- If yes please explain. Use an extra sheet if necessary. _____

3. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No

If yes, please explain. (Use an extra sheet of paper if necessary) _____

4. Are you the subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order of protection? Yes No

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

If yes, please explain. (Use an extra sheet of paper if necessary.)

I UNDERSTAND THAT:

- The camp may deny employment to any person who answers any of the questions numbered 2-5 above in the affirmative.
- In applying for a camp position, the information which I have furnished on this form is subject to verification, which will include a criminal history check and request from any Central Registry of child abusers.
- the camp may terminate employment or volunteer services of any person who is :
 - Found to have a history of complaints of abuse of a minor and/or
 - Found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.
- This disclosure statement must be updated yearly.
- If an effort to ferret out child abusers, sex offenders, individuals with criminal convictions, and other individuals who are inappropriate for summer camp employment, I authorize the camp and/or its agents to conduct a background investigation as part of my pre-employment screening process.

BACKGROUND INVESTIGATION

Working in a residential camp environment with young children requires that we take every precaution to ensure that the adults we have working with our kids represent the values of our camp and exhibit the character traits appropriate for camp role models. Every summer we contract with an independent agency(i.e. IntelliCorp) to perform a background check of every adult working in camp. All staff members contracted to work in camp provide permission for us to obtain this background investigation and have agreed to sign the this Staff Disclosure and Authorization Form to this end.

AUTHORIZATION to conduct a background investigation

I have read and understand the foregoing Disclosure, and authorize the Camp Lohikan and/or the company (i.e. IntelliCorp) it has employed to conduct the investigation to obtain and rely upon criminal background reports , consumer reports, or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Camp Lohikan or it's representative to obtain any such reports and to share the information received with any person involved in the employment decision about me.

In addition to providing authorization to conduct the background investigation, by signing below or entering your electronic signature, you are

VERIFYING THAT ALL OF THE ABOVE STATEMENTS ARE FACTUAL AND TRUE.

Signature _____ Date _____

Please complete this form and return it to Camp Lohikan, P.O. Box 189, Gladstone, NJ 07934. Thank you.