



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Notice and Authorization Concerning Group Participant Background Checks

This form, which you should read carefully, has been provided to you because the town of Mt. Washington, Massachusetts, where we are located, requires that we run background checks on all group participants over 18 whenever there are children on camp. During your stay there will be children here, and we will have to run the background check, below is more information on the check we run and how the information you provide us with is stored.

Our goal is to make sure that everyone can have a safe and enjoyable time at camp, if an individual does have a criminal record this does not automatically disqualify them from being at Hi-Rock. We review each case individually, if you have concerns about this please feel free to contact us and we can speak further.

In order to run the records check we require a social security number. We understand how seriously this information needs to be protected. The forms containing individuals' social security numbers are stored in a locked room at all times. We are required to keep these forms on file for 7 years, after the 7 years we shred the forms on site.

We use a secure online service to obtain the criminal records checks. The results of the check itself are stored on this service.

Authorization

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of the information listed below:

- Department of Corrections (Inmates & Release files, Probation & Parole)
- Administrative Office of Courts
- Individual County Courts
- State Specific Criminal Record Repositories
- First Advantage Proprietary Criminal Record Data
- Sex Offender Registry Records (48 States Plus Washington, D.C.***) [AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MO, MS, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV and WY.]

PLEASE PRINT OR TYPE:

Name: _____ Gender: ___ M ___ F
Date of Birth: ____/____/____ Social Security Number: ____-____-____
Street Address: _____ Apt: _____
City: _____ State: _____ Zip: _____

Signature: _____ Date: _____