



**WINGS! CAMP
VOLUNTEER APPLICATION
2017**

Date of Application: ____ / ____ / ____

Name: _____ Drivers License #: _____ SS#: _____
(Last, First, MI)

Present Address: _____
(Street, City, State, Zip)

Telephone #'s: (Home) _____ (Work) _____ (Cell) _____

Employer: _____

Job Title: _____

List those items, which you believe could be helpful to you in volunteering for Wings! Camp, i.e. education, work, lay experience, office skills, arts and crafts.

Have you participated in any children camps before? If so, please specify: _____

Has someone close to you recently died? If yes, when and what relation? _____

Do you speak any foreign language(s)? _____

Do you have health related problems or physical limitations? If yes, please explain: _____

Have you ever been convicted of a crime or felony? If yes, please explain: _____

In case of emergency contact: _____

Relationship: _____ Telephone #: _____

CERTIFICATION
(Please read before signing)

I authorize investigation of all statements contained herein and the references supplied to you any and all information concerning my employment and any pertinent information they may have, personal and otherwise, the investigation of any criminal records, and release all parties from liability for any damage that may result from furnishing same to you.

Date: ___ / ___ / ___ Signature: _____

It is the wish of 3HC to use all volunteers and/or counselors that apply, but this is dependent upon how many children we have at camp.

T-Shirt size XXXL ___ XXL ___ XL ___ L ___ M ___ S ___

Please return completed application and 2 references to:

3HC
Wings! Camp Volunteer Coordinator
2402 Wayne Memorial Drive
Goldsboro, NC 27533



Notice Regarding Background Investigation

Please read Carefully "before" Signing Acknowledgement

In conjunction with your application for employment, the company may obtain information about you from Southeastern Background Services LLC, a Consumer Reporting Agency (CRA). Thus, you may be subject to "consumer reports" and "investigative reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as neighbors, friends, or associates. Reports may also contain public records (including criminal records), eviction records, driving history information, consumer credit, employment and education verification, etc. These reports may be obtained at any time after receipt of your authorization and throughout the term of any employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative report.

Applicant / Employee:

Signature: _____ Date: _____

Printed Name: _____

Email: _____

04/17



Acknowledgement and Authorization

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT AND REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and investigative reports" at any time after receipt of this authorization and, if I am contacted for employment, throughout the term of my contract. 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 any consumer reporting agency acting on behalf of the company. I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy of this authorization shall be valid as the original.

I agree to receive all communications regarding any consumer report or investigative consumer report as may be required by the Fair Credit Reporting Act or such other state or local laws via email at designated email address if requested.

Oklahoma, Maine, Minnesota and California applicants may obtain this consumer report by checking this line.

Applicant:

Signature _____ Date _____

Printed Name _____ Email _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State of Issuance _____

Address _____

Revised 04/17