

BACKGROUND CHECK AUTHORIZATION FOR COOK CANYON CAMP



(PLEASE PRINT LEGIBLY)

NAME: FIRST _____ MIDDLE _____ LAST _____

GENDER: _____ MALE _____ FEMALE

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH ____/____/____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: MOBILE (____) _____ - _____ OTHER (____) _____ - _____

NAME OF CHURCH _____ CHURCH PHONE (____) _____ - _____

NAME OF PASTOR _____ PASTOR'S PHONE (____) _____ - _____



I agree to be bound by the policies of Cook Canyon Camp and the New Mexico Ministry Network as I perform service on behalf of Cook Canyon Camp and the New Mexico Ministry Network. I agree to allow any photos or video taken of me while serving to be used for promotional purposes without remuneration.



I hereby authorize Cook Canyon Camp to conduct a personal background check on my behalf. By signing this I am giving my word that the information I have provided is accurate and correct.

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS FORM TO: COOK CANYON CAMP
ATTENTION: DIRECTORS
PO BOX 967
RUIDOSO DOWNS, NM 88346

FOR COOK CANYON USE ONLY: DATE CHECK COMPLETED ____/____/____

RESULTS _____

BACKGROUND CHECK PERFORMED BY _____