

CAMP CHERITH® OF WESTERN NEW YORK
AUTHORIZATION FOR BACKGROUND SCREENING

The state of New York and ACA requires all child care workers to submit to a criminal background screening. An annual search of the Sex Offender Registry is required for all staff **and** a criminal background check is required for anyone who has NOT worked (in any capacity) at CCWNY in the past 12 months.

I hereby give my permission for Evie White, Director of Camp Cherith of Western New York, to conduct a criminal background check and a search of the Sex Offender Registry as a condition of my employment. I understand that some findings could negatively impact my tentative employment with CCWNY. I further understand any such negative findings will be discussed with me by the Camp Director in a timely manner. Results of this investigation will remain private.

The final selection of those chosen to be employed or volunteer at CCWNY lies solely at the discretion of the Camp Director.

All staff must complete this form.

Please type/print all information on this form except your signature.

Background Check

Sex Offender Registry

First Name _____

Middle Name _____

Last Name _____

Current Address (number and street address) _____

City _____ State _____ Zip _____

Date of Birth –Month _____ Day _____ Year _____

Social Security Number _____

E-mail address for contact: _____

*I hereby give written authorization for this investigation.

Signed _____ **Date** _____

*If applicant is less than 18 years of age add parent signature.

Please return form by mail or e-mail attachment (as a Word document) to Evie White (rufousecwny@yahoo.com) **If you e-mail a copy you must** also print and send a hard copy with other staff paperwork so that we have your signature on file to:

Evie White, 301 Kirkhoff Road, Westminster, MD 21158.

Please feel free to email or call me at 410-346-6177 if you have any questions.

Thank you,

Evie White

Evie White Director

REV 2/09