



**Camp Fire USA**  
CENTRAL PUGET SOUND COUNCIL

4241 21<sup>st</sup> Ave W Suite 200  
Seattle WA 98199  
206 461 8550  
Fax: 206 525 3351  
www.campfire-usa.org

**CONFIDENTIAL**

**Volunteer Background Check**  
**(For Volunteers Age 18 and older)**

Thank you for applying to become a Camp Fire USA volunteer. We value our volunteers. We believe that doing a background check on everyone working with children is an important step in providing a safe environment for youth, volunteers, and staff.

Information provided to Camp Fire from this background check will be kept strictly confidential and will be used primarily to determine whether to engage a volunteer. Continuation of any volunteer activity is contingent on the satisfactory results of this background check. Camp Fire will provide orientation and training suitable to each volunteer position.

**INSTRUCTIONS: Return this form as soon as possible to *Volunteer Coordinator* at the address listed above.**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Previous names used \_\_\_\_\_  
Last First (Includes maiden name.)

E-mail address \_\_\_\_\_ Gender \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Former address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
(If less than 3 years at current address.)

Please list all cities and states you have lived and worked in the **past 5 years**:

\_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ (We welcome volunteers of all ages.)  
mo day yr

Have you ever been convicted of, or entered a plea of no contest to, any crime against persons?  YES  NO

If YES, please give the state(s), date(s), nature of the offense(s), and disposition(s) \_\_\_\_\_

\_\_\_\_\_

**REFERENCES: Please provide 3 references, other than relatives. Complete addresses are required.**

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

City/ZIP \_\_\_\_\_ City/ZIP \_\_\_\_\_ City/ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

<b>Volunteer Office Use Only</b>	Received _____	Completed _____	Forwarded _____
	<input type="checkbox"/> Y <input type="checkbox"/> N	<b>MT:</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Branch/Department Office Use Only</b>	Branch/Department _____	Program _____	
Leader/Team Coordinator or Group Number (if applicable) _____	Staff to be notified _____		

**OVER**

**I AM APPLYING TO VOLUNTEER FOR:** \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Have you ever been employed by or volunteered for Camp Fire before?  YES  NO

If YES, please tell us what you did \_\_\_\_\_

Camp Fire Council(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

Have you ever been employed or volunteered to work with children or teens?  YES  NO

If YES, please tell us what you did \_\_\_\_\_

Name(s) of organization(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

Name(s) of organization(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

Is there anything else that you would like the Volunteer Coordinator to be aware of? \_\_\_\_\_

**DRIVING AND TRANSPORTATION INFORMATION: Please check one box.**

I MAY ASSIST Camp Fire USA by transporting members in my personal vehicle. I agree that at the times I am transporting Camp Fire members, my vehicle will be properly insured and in good operating condition. I further agree that there will be a passenger seat for each passenger in my vehicle, and that all passengers and I will wear safety belts when the vehicle is in operation. I understand that any claims arising out of the use of my personal vehicle are my responsibility.

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Automobile insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

NOT APPLICABLE – I will NOT be transporting anyone for Camp Fire USA

**In the event that I am photographed, filmed or recorded while participating in Camp Fire programs, Camp Fire may use the photo, film, or recording for publicity, promotional, or instructional purposes.**

**I agree to fulfill the training requirements for my position within the first year of my association with Camp Fire USA, model for youth and adults the Camp Fire philosophy of good citizenship, and abide by the policies and standards of Camp Fire. I authorize the Central Puget Sound Council of Camp Fire to confirm all statements contained in this application, and I also authorize the parties listed herein to disclose to Camp Fire pertinent information regarding my prior involvement/activity with them or their organizations.**

 **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Camp Fire USA builds caring, confident youth and future leaders.**

Camp Fire activities are open to all without regard to race, gender, creed, religion, national origin, sexual orientation, economic status, mental or physical disabilities or other aspect of diversity.  
TTD users may reach us through the Washington State Relay Service, 800 833 6388; TeleBraille users, call 800 833 6385.

