



**Camp Fire USA™**  
**CENTRAL PUGET SOUND COUNCIL**

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 Seattle WA 98199  
 206 461 8550  
 Fax: 206 525 3351  
 www.campfire-usa.org

**CONFIDENTIAL**

**Youth Volunteer Background Check**  
**(For Youth Volunteers Under the Age of 18)**

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.

**REFERENCES: Please attach one letter of reference from someone other than a relative. This letter must be received before this background check will be considered complete.**

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

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

Previous names used \_\_\_\_\_  
Last First

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) \_\_\_\_\_

\_\_\_\_\_

**Volunteer Office Use Only** Received \_\_\_\_\_ Completed \_\_\_\_\_ Forwarded \_\_\_\_\_  
 Y  N **MT:**  Y  N

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**Branch/Department Office Use Only** 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:**

**If a driver is under the age of 18, they may only transport themselves.**

I will NOT be transporting anyone for Camp Fire USA

**NOTE: Two signatures required:**

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** \_\_\_\_\_  
(Volunteer Signature – Must have Volunteer Signature to be processed)

I understand that Camp Fire USA activities involve a normal level of risk and the adult supervisors will accompany my child/ward on all activities. I assure that my child/ward has my permission to participate in all Camp Fire activities, is willing and able to participate in program activities, and is willing to abide by program policies and follow directions of supervisors. In the event my child/ward is photographed, filmed, or recorded while participating in a Camp Fire USA activity, Camp Fire, or any of its sponsoring agencies, may use the photo, film, or recording for publicity, promotional, or instructional purposes. I understand and agree that participation in a Camp Fire program is for no definite period and may be discontinued at any time without prior notice from Camp Fire USA. I release the Central Puget Sound Council of Camp Fire USA, from any liability for future reference it may give regarding my child/ward's volunteering with Camp Fire USA.

 **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent/Guardian Signature – Must have Parent/Guardian signature to be processed)

**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.

