



Adult Registration Form

Cost of FDLE Background Check \$25

Office Use Only Valid from: _____ to _____
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Name			Social Security Number				
Mailing Address			Date of Birth				
City	State	Zip	Sex	Male	Female	Other	Prefer not to answer
Cell Phone			Work Phone				
Email Address			Place of Employment				
Ethnicity/Race		Asian	Black/African American	Medical Conditions			
White/Caucasian		Hispanic	Multi Racial	Frequent Headaches	Motion Sickness	Nose Bleeds	Fainting
Native American		Native Hawaiian/Pacific Islander	Other	Seizures	Sleep Walking	Other _____	
Allergies			Drivers License # _____				
Animals _____			State _____ Expiration Date _____				
Environmental _____			Auto Insurance Company _____				
Food _____			Policy Number _____				
Insects _____							
Medication _____							

Emergency Contact #1 Name	Emergency Contact #2 Name
Relationship to Applicant	Relationship to Applicant
Cell Phone	Cell Phone
Alternative Phone	Alternative Phone

Have you ever been **ACCUSED** of breaking the law, charged with any offense including traffic violations, or been involved in a court action? ____ Yes ____ No

Regardless of the outcome or whether it was a misdemeanor or a felony, please explain as fully as possible what happened.

Since we run law enforcement background checks, do not attempt to conceal any prior issues. Whether they resulted in a conviction or not, they will show up on your record. Revealing a problem may not disqualify you from consideration as a volunteer. Any attempt to mislead or conceal information will be viewed as a serious act of dishonesty and your application to be a volunteer will be denied.

Adult Name: _____

In the event of any illness or accident requiring emergency treatment while involved in any Camp Fire activity, I hereby give my permission for any necessary hospitalization, medication, surgery or transportation on recommendation of medical personnel, staff, or the volunteer in charge, in which case all such expenses shall be paid by me. I hereby waive and release Camp Fire Sunshine Central Florida, Inc., Camp Fire and its employees, affiliates, volunteers and directors, and owners/operators of the facility where I am engaged in a Camp Fire activity (collectively referred to herein as "Releases") from all claims, liability, loss and damage whatsoever on account of any injury to or death of any person and from any damage to, destruction of, or loss of use of any property which at any time may be suffered or sustained by any person or entity arising as a result of any act of omission, negligent or otherwise, of Releases or their agents, except for claims arising from gross negligence or willful acts of Releasees or their agents that may arise from participation in the activities of Camp Fire.

I certify that the information herein is true and complete to the best of my knowledge. I understand background checks may be conducted at any time through law enforcement agencies. I authorize investigations of all statements contained in this application including my Department of Motorized Vehicles history. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation or consideration for dismissal as a volunteer. This form is obtained for all volunteers, and all information is confidential and critical in the everyday operation of Camp Fire.

You have my permission to use photographs/videos in which I appear for Camp Fire publicity: Yes No

Signature of Applicant _____ Date _____

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, _____, by _____, who is _____ personally known to me or _____ who has produced _____ as identification.

SEAL:

Notary Public Signature: _____

STATE OF FLORIDA, COUNTY OF _____

On this _____ day of _____, _____, I attest that the preceding or attached document is a true, exact, complete, and unaltered photocopy made by me of Camp Fire Sunshine Central Florida's Youth Registration Form presented to me by the document's custodian, Lynn Anne Castleberry, and, to the best of my knowledge, that the photocopied document is neither a vital record nor a public record, certified copies of which are available from an official source other than a notary public .

SEAL:

Notary Public Signature: _____

OFFICE USE ONLY:

DATE CBI PAID: _____ AMOUNT: _____ DATE CBI RUN: _____ REVIEWED BY: _____ APPROVED DISAPPROVED