

## **Background Screen Authorization Form**

**(All Camp Workers/Staff must complete & submit this form by mail. Forms must be submitted at least 4 weeks prior to the Camp applying for.)**

### **DISCLOSURE**

As part of the background screening process, the Florida District, UPCI, (the "Company"), will obtain a consumer report, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

### **AUTHORIZATION**

During the application process and at any time during the tenure of my voluntary work with the Company, I hereby authorize ChoicePoint WorkPlace Solutions Inc., on behalf of The Company to procure a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth (For I.D. purpose only)

Submit by mail, at least 4 weeks before the applicable Camp to:  
Florida District UPCI; 5011 NW Gainesville Rd.; Ocala, FL 34475  
Account Number: \_\_\_\_\_ (for FL Dist. UPCI use only)