

# Presenter Background Check Form - Camp Meeting - Oregon Conference

19800 Oatfield Rd. Gladstone, OR 97027 Fax# 503-652-2743

<b>*** OFFICE USE ONLY***</b>			
Recommended:	Not Recommended:	Recommended with Caution:	Date Received:
Comments:		Date Approved:	Renewal Date:
Signature of Conference Director:			

## Where I will be Serving

I am a presenter/workshop facilitator for the Oregon Conference Camp Meeting? (Please Check) **YES**  **NO**

The name of the organization I am employed by: \_\_\_\_\_

Where I will be presenting/holding my workshop is: \_\_\_\_\_

The time and dates I will be presenting are: \_\_\_\_\_

I am currently approved to volunteer through the Oregon Conference: (Please Check) **YES**  **NO**  **Unsure**

## Personal Information

**Print Legal Name:**

**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**List all other names/aliases used by you:** \_\_\_\_\_

**Street Address (NO P.O. Box)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home/Cell Phone Number** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## Unlawful Conduct

There is no time limit to the questions regarding criminal history. Unless a time limit is stated in a question, provide information on **ALL** convictions, pleas and alternative sentencing or disposition programs that have occurred during your lifetime. Records of offenses by minors (under age 18) are not automatically sealed and should be disclosed, except where non-disclosure is required under state law. Conviction of a crime does not necessarily disqualify you from volunteer service, but individuals who have committed physical or sexual abuse may not work in any church-sponsored program or activity.

Have you ever plead guilty, no contest, or been convicted of any criminal offense (misdemeanor or felony).  
**(Please Check)** **YES**  **NO**

**If Yes, Please explain:** \_\_\_\_\_

## Confidentiality Statement

The Oregon Conference of Seventh-day Adventists is committed to the protection of the children in our organization. It is because of this commitment we require presenters/workshop providers to submit to background checks.

Information provided to us on this form will be kept confidential. Approval status is generally for 3 years but can be revoked at any time. This three year approval will include criminal background and driving history check. If for some reason your form must be retained for permanent record, it will be kept in a secure location.

If you have questions regarding our policy please contact the Risk Management Department at 503-850-3500.

**Background Check Authorization & Waiver**

The information provided in this document is accurate to the best of my knowledge and recollection. I understand I am presenting at camp meeting only and I expect no remuneration for services.

**I authorize** the Oregon Conference and its affiliates to investigate my suitability for presenting at Oregon Camp Meeting which will include a criminal background check and driving record history.

**I agree** to inform appropriate leadership, including the individuals organizing this event, of any physical limitations I may have that may affect my ability to present.

**I understand** presenting at camp meeting may involve risk. Except to the extent covered by any Oregon Conference insurance policies I, on behalf of myself, my spouse, next of kin, executors, heirs, assigns, or anyone else who might claim or sue on my behalf, fully release and agree not to sue the Oregon Conference of Seventh-day Adventists and any of its agents, employees, and/or volunteers from any and all liability, including but not limited to any claims, losses, or liabilities due to death, personal injury, disability, property damage, medical expenses, and/or theft, that may arise from or related to my participation at Oregon Camp Meeting, including transportation to and from any events and any provision of medical care.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Required:**  
**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Required:**  
**Date of Birth: Mo.** \_\_\_\_\_ **Day** \_\_\_\_\_ **Yr.** \_\_\_\_\_