

# Permission to Obtain a Background Check

*(This form authorizes CFO to obtain background information and must be completed by the applicant.  
CFO must keep this completed form on file for at least two years after requesting a background check.)*

I, the undersigned applicant, authorize the Association of Camps Farthest Out, Inc. to procure background information about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camp/retreat where you will lead \_\_\_\_\_

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## Disclosure

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is backgroundchecks.com ("BGC"). BGC's address is P.O. Box 353, Chapin, SC 29036. BGC's telephone number is (866) 265-6602. BGC's website is www.backgroundchecks.com, where you can find information about whether BGC's international privacy practices.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to the **Association of Camps Farthest Out, Inc.**, if such is made within a reasonable time from the date it was produced. Please sign below to acknowledge your receipt of this disclosure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

Print Name: \_\_\_\_\_  
First Middle Last

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code County Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code County Dates

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_ yes \_\_\_ no

If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Please return this form as soon as possible and before your leadership at camp/retreat. Thank You.**

**The Association of Camps Farthest Out, Inc.**

**3690 Merwin Ten Mile Rd.  
Cincinnati, OH 45245-3048  
staff@cfonorthamerica.org**