

# Adult Volunteer Registration Form

**In order for background checks to be completed prior to the Crossing, you must have completed this form and either mailed or faxed (605-996-1766) to the office 7 days prior to event. No clear background check, you DO NOT attend the event. Sorry.**

Please use blue or black ink to complete. All information must be complete before the background check can be submitted.

Event Name: The Crossing 2013 Event Dates: Mar 8-10, 2013

Name \_\_\_\_\_ T-Shirt Size (Adult sizes only) \_\_\_\_\_  
First Name Middle Initial Last Name

Address \_\_\_\_\_ Male  Female

City, State & Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Home Church Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Participant's Insurance company \_\_\_\_\_

Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

Dakotas United Methodist Camps provide a secondary accident insurance policy for all campers.

Please indicate which of the following conditions you have/or have had. Give dates if appropriate.

Medical Conditions	Allergies
Ear infections:	Insect Stings: Treatment:
Seizures:	Medications:
Diabetes:	Asthma:
Fainting:	Food:
	Other:
Operations/Serious Injuries	
Chronic/reoccurring Illness	
Tetanus: (give date of last booster)	
Other pertinent Health Information	

### Other Information

Are there any activities which need to be monitored/avoided? \_\_\_\_\_

Are there routine treatments or medication required during the event? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Phone Work Phone Cell Phone

## RELEASE

I authorize the use of my photographs by the youth ministry. In case of emergency and I am unable to respond, I hereby give the event staff permission to seek emergency treatment for me in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using only those measures deemed necessary (including x-ray examinations, anesthetics, medication, medical/dental emergency surgery). I release the Conference Council of Youth Ministry and the Dakotas Conference of the United Methodist Church from liability in acting on my behalf in this regard.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS



### DISCLOSURE

By signing below, you acknowledge and understand that in connection with your application for volunteer or employment or contract services with **Dakotas Conference of the United Methodist Church**, consumer reports or investigative consumer reports which may contain public record information may be requested or made on you, including but not limited to consumer credit, criminal records, driving history records, education records, previous employment history, workers compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission, social security traces, military records, professional licensure records, eviction records and others. You further understand that these reports will be released to **The Dakotas Conference of the United Methodist Church, or any other member of said Conference**. The reports may include experience information along with reasons for termination of past employment. Furthermore, you understand that information from various Federal, State, local and other agencies which contain information about your past activities will be requested. You understand that a consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. You are hereby notified that you have the right to request a copy, upon proper identification and the payment of any legally permissible fees, of the above consumer report contained in Trak-1 Technology's files on you at the time of your request. You are further notified that prior to being denied employment based in whole or in part, on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency and a description in writing of your rights under the Fair Credit Reporting Act.

### AUTHORIZATION

By signing below, you hereby authorize, without reservation, any party or agency contacted by this organization to furnish the above mentioned and requested information. You further authorize ongoing procurement of the above mentioned information, reports and records at any time during your employment or contract. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish **Dakotas Conference of the United Methodist Church** with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated. You authorize this information to be shared with **The Dakotas Conference of the United Methodist Church, or any other member of said Conference**.

### ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, you certify you have read and fully understand this disclosure and authorization, all of the information you are providing is true, complete, correct and accurate, and you acknowledge that you have received the attached summary of your rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

**The following is information required in order for Dakotas Conference of the United Methodist Church to obtain a complete consumer report.**

PRINT FULL LEGAL NAME (First, Full Middle Name, Last Name)

Check here if this is a new address

STREET ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER

Date of Birth

DRIVER'S LICENSE NUMBER

ISSUING STATE

CONSUMER'S SIGNATURE

DATE

**For California, Minnesota or Oklahoma applicants**

If you would like to receive a copy of the consumer report, if one is obtained, please check this box and read below: If you checked the applicable box and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report. For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box. By checking this box you hereby waive your right to obtain any additional copy of the consumer report.



**A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT  
CONSUMER RIGHTS NOTICE**

*Para informacion en espanol, visite <https://www.ftc.gov/credit> o escribe a la FTC Consumer Response Center, Room 130 – 600 Pennsylvania Ave NW, Washington DC 20580.*

**A SUMMARY OF YOUR RIGHTS UNDER the FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130- A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September, 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

(Please complete all pages of this form)

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists on which these offers are based. You may opt- out with the nationwide credit bureaus at 1-800-392-7816.

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors and others not listed below.	Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue Ste 100 Kansas City, Missouri 64108-2638 1-877-275-3342

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

**APPLICANT AUTHORIZATION -  
VOLUNTEER SCREENING  
NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW**

**DAKOTAS CONFERENCE OF THE UNITED METHODIST CHURCH** intends to obtain information about you for employment purposes from an investigative consumer reporting agency or consumer credit reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **Trak-1 Technology; P.O. Box 52028; Tulsa, Oklahoma, 74152; 800-600-8999**. The source of any credit report will be **Trak-1 Technology; P.O. Box 52028; Tulsa, Oklahoma, 74152; 800-600-8999**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.

A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

Dakotas United Methodist Camping Ministry  
P O Box 460, 1331 W University  
Mitchell, SD 57301-0460  
605-996-6552 Fax: 605-996-1766  
[www.dakcamps.org](http://www.dakcamps.org) or [www.dakyouth.com](http://www.dakyouth.com)

<b>Office Use Only:</b>	Date Registered: _____
	Event No: _____
	Amount Enclosed: _____

(Please complete all pages of this form)