HR-4, TR-17

Covenant Hills Christian Camp

Off-Season Office (September to June):
96 Center Street
Richford, VT 05476
(802) 848 9932
chccdirector@gamil.com

Summer Office:
RD#2, 246 CHCC Road
Cabot, VT 05647
(802) 426-3340

Authorization and Request for Criminal Records Check And Driver Record Check

I, _____, hereby authorize Covenant Hills Christian Camp and The Board of Camping and Retreat Ministries of Troy Annual Conference and agent of to request the State and Local authorities and courts to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, past driving records, DWI, DUI, or drug charges, to the fullest extent permitted by state and federal law. I do release the local authorities from all liability that may result from any such disclosure made in response to this request.

_____
Signature of Applicant Date

Print applicant's full Name: _____

Print all other names that have been used by the applicant (if any)
_____

Physical Address:_____
Telephone Number:_____

Date of birth: _____ Place of birth: _____

Social Security Number: _____

Driver's license number: _____ State Issuing License: _____

Driver's license expiration date:_____

Office Use Only
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Request sent to: _____

Name: _____

Address: _____

_____

Phone Number: _____