



ADULT COVENANT / SCREENING FORM

for all CCC participants 25 years of age or older
to be turned in on or before May 15th

Church _____ Camp Week _____

Last Name _____ First Name _____ MI _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell _____ Email _____

Occupation and Employer _____

Date of Birth _____ Driver's License # _____ Issuing State _____

Circle One

- 1. Have you ever been convicted of a felony? *Yes No
- 2. Have you ever been convicted or formally accused of any sex related or child abuse offense? *Yes No
- 3. Have you had any major driving infractions over the past year? *Yes No
- 4. Have you had a background check completed within the past 3 years verifying the responses above? Yes **No

Date of check ____/____/____ Your background check MUST be on file at your church for participation in CCC.

- 5. Have you participated in Safe Sanctuary or a similar youth protection training program? Yes No

* If you answered YES to questions #1, #2 or #3, please fully explain on back of form.

** If you answered NO to question #4, you must have a background check completed before arrival to camp. Any form which does not include a current (within 3 years) background check date and signatures will be returned. Adults are asked not to arrive on camp property until a background check has been processed. If your church does not offer this service, Carolina Cross Connection recommends Castle Branch, a background check service provider. The cost is between \$25-\$45 per person and can normally be processed in one to two weeks. Castle Branch contact: 888.723.4263, ask to speak to Candy or visit them online at www.castlebranch.com. You may also contact the CCC office regarding any background check questions, 704-721-0033.

Adult Covenant:

I fully support Carolina Cross Connection's effort to increase the probability of having a safe environment in our camp week for youth to perform mission work without fear of irresponsible adults who may take advantage of them or put them at risk of being hurt. I certify, to the best of my knowledge, the information that I have provided on this form is true and accurate. I authorize any investigation, including a background check, of any or all statements made on this form.

Print Name _____ Signature _____ Date _____

Group Leader Signature _____ Date _____

Pastor Signature _____ Date _____