

## CAMP LOVE'S EMBRACE

**EVERYONE VOLUNTEERING FOR THIS CAMP MUST COMPLETE  
SECTIONS I AND II ONLY. (Please print)**

### SECTION I

I am a ( ) employee ( ) volunteer mentor ( ) other volunteer					Age	
Last name	First name	Full middle name	Maiden name	Previous married name	Date of birth	
Driver's license number	Current home address (street)		City	State	Zip	
Signature				Date		
Social Security Number (Optional)						
<b>I HAVE CONTINUOUSLY LIVED AT THE ABOVE ADDRESS FOR 5 YEARS OR MORE: ( ) YES ( ) NO</b> If you answered NO, please complete Section II and list the city(s), county(s), and state(s) where you maintained residence during the last five years						

### SECTION II

Street Address	City	County	State	Dates resided at this address: ___/___/___ to ___/___/___
Street Address	City	County	State	Dates resided at this address ___/___/___ to ___/___/___
Street Address	City	County	State	Dates resided at this address ___/___/___ to ___/___/___

### **SECTION III** – *for office use only. Note a photocopy of this form shall be accepted in place of the original.*

Local Police/Sheriff Response  Initials: _____ County: _____ Date: _____	BCA Response  Initials: _____ County: _____ Date: _____
Child Protection Records:  Initials: _____ County: _____ Date: _____	Vulnerable Adult Records:  Initials: _____ County: _____ Date: _____
Juvenile Records:  Initials: _____ County: _____ Date: _____	Court Administrator's Records:  Initials: _____ County: _____ Date: _____

