



Background Check Authorization

Full Legal Name: (First, Middle, Last)

(Please Print)

Physical Residence Address (NO PO Box numbers):

Street

City,

State Zip

Date of Birth: ____ / ____ / ____

Check One: ____ Female ____ Male

Social Security Number: ____ - ____ - ____

I authorize, the Warren W. Willis United Methodist Camp and the Florida Annual Conference of the United Methodist Church, to complete their required background check.

Signature: _____

Date of Signature: _____