



# CAMP DAYBREAK

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## Criminal Records Check Consent Form

1. Applicant: \_\_\_\_\_  
Last Name First Name Middle Name
2. Maiden or Alias Names: \_\_\_\_\_
3. Gender: \_\_\_\_\_
4. Race: \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
6. Place of Birth: \_\_\_\_\_  
City/Town State Country
7. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year
8. Telephone Number: \_\_\_\_/\_\_\_\_\_  
Area Code Number

I, \_\_\_\_\_, hereby acknowledge and agree to a check of any record of criminal convictions as per VSA, Title 16, Chapter 5, Subchapter 4, which may be maintained by the Vermont Criminal Information Center, the criminal record repositories of other states where I have been employed and/or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following states:  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Parents/Guardians of Participant of Minor Age (Under Age 18):

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_