

Adult Self-Screening Form

Service Over Self, Inc.

(Please complete and return to SOS114 by May 15th. Mail to: SOS114 2505 Poplar Ave. Memphis, TN 38112)

Camp dates _____
Church _____
Last Name _____ First _____ MI _____
Address _____ City _____ St _____ Zip _____
Phone _____ email _____

Occupation and Employer _____

Social Security Number _____ Date of Birth _____

Driver's License number _____ Issuing State _____

If you will be driving during the camp week, you must fill out the following two lines:

Car Insurance Company _____

Policy # _____ Phone _____

Circle One

1. Have you participated in Safe Sanctuary or a similar youth protection training program?
Yes No
2. Have you ever been convicted of a felony? Yes No
3. Have you ever been accused of any sex related or child abuse offense?
Yes No

- If you answered YES to questions #2 and/or #3, please fully explain on back of form.

I fully support the efforts of SOS to provide a safe environment in our camps. 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 _____

Trip Leader Signature _____ Date _____