



Camp Wakeshma  
5149 Camp Wakeshma Rd.  
Three Rivers, MI 49093  
Phone 269-244-5891  
www.campwakeshma.com

CRIMINAL AND MOTOR VEHICLE  
BACKGROUND CHECK AUTHORIZATION  
FOR VOLUNTEER AND PAID STAFF

I, \_\_\_\_\_, authorize Camp Wakeshma to conduct a background check with the State Police, Sex Offender Registry, OTIS and/or appropriate authorities for the purpose of determining my suitability for volunteer or paid employment and for operation of any camp related vehicles on behalf of Camp Wakeshma, Three Rivers, Michigan.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

The following information is requested by the Michigan State Police Criminal Justice Investigation Center:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Race

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Previous Last Name

\_\_\_\_\_  
Previous State of  
Residence