



Camp Tohiglo  
 10670 Fort Loudon Rd.  
 Mercersburg, PA 17236  
 717-328-2784

**FORM 1504**  
**SAFE HIRING SOLUTIONS BACKGROUND CHECK**  
 MUST BE COMPLETED EVERY 3 YEARS.

**NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION**

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with CAMP TOHIGLO.

I understand that, if I am approved for volunteer service by CAMP TOHIGLO, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of CAMP TOHIGLO such may be necessary.

I hereby release and discharge to the extent permitted by law, CAMP TOHIGLO, its employees, any individual or agency obtaining information for CAMP TOHIGLO, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of CAMP TOHIGLO.

By signing below, I, \_\_\_\_\_ (volunteer) , have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

**AUTHORIZATION**

\_\_\_\_\_  
 Print Name (last, first, middle) Social Security Number

\_\_\_\_\_  
 Date of Birth (MM/DD/YYYY) Drivers License Number Drivers License State  
 (For ID Purposes Only)

Any other names I have been known by: \_\_\_\_\_

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

Previous Addresses (Last 10 Years) \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

**Mail completed form to:** Camp Tohiglo  
 Secretary  
 10670 Fort Loudon Rd.  
 Mercersburg, PA 17236

**Enclose a check for \$16.95** made payable to: **Camp Tohiglo**

**QUESTIONS?**  
 Please call Allen Walck at 717-816-5411 or by email at [volunteer@camptohiglo.org](mailto:volunteer@camptohiglo.org) if you have any questions.