



January 12, 2009

Dear Salkehatchie Participants,

The 2009 Salkehatchie Summer Service is here. This is going to be an exciting year for Salkehatchie.

Beginning the 2009 year a few changes have been implemented for the South Carolina Annual Conference programs and these changes will affect Salkehatchie. You need to read your application carefully making sure your application will be processed when it is received at the Conference Office. This year it is **MANDATORY** that ALL individuals' 18-years-old or older participating in the Methodist Conference programs have background checks completed. This process must be completed and the information gathered by the South Carolina United Methodist Conference before your application will be processed.

If you are 18-years-old or will turn 18 before the camp of your choice you must complete the enclosed background release form. Return the release form with your Salkehatchie application.

We are very grateful for the support we receive for the Salkehatchie Summer Service.

Sincerely yours,

Bill Brown, Chair
Salkehatchie Steering Committee

Application Form

**All persons 18 years or older must have a
National Criminal Background Check.
Please see letter and release form.**

Here am I, send me!

1. Complete and mail Application and non-refundable \$100 registration fee before March 31, 2009.
2. Complete and send the Balance Form with \$100 by May 1, 2009.

Age _____ Birth date (REQUIRED) _____
 Male Female
 18 years or above Occupation _____
 Youth – Grade (2008-2009) _____
T-Shirt Size: (circle) S M L XL XXL

▶ **Two choices of camps should be made in case the camp you choose is already full.**

1st Choice of Camp _____

2nd Choice of Camp _____

International Camp (\$200.00 Deposit) _____

YES NO

**I have had a National Criminal Background Check through the
South Carolina United Methodist Conference.**

**(If you are 18 years or older and you checked NO, please fill out the
enclosed release form and mail back with your application.)**

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Church _____ District _____

Pastor _____ Email _____

Mail to:

Salkehatchie
4908 Colonial Drive, Suite 108, Columbia SC 29203
Make check payable to: Salkehatchie Summer Service

Clip and mail with balance of \$100.

BALANCE FORM (Due May 1)

Here is my balance of the \$200 fee

Name _____

Phone _____

Camp _____

**Mail to: Salkehatchie, 4908 Colonial Drive, Suite 108, Columbia, SC 29203
Make check payable to Salkehatchie Summer Service.**

For additional brochures go to our website: www.Salkehatchie.org

IMPORTANT SALKEHATCHIE INFORMATION

**Salkehatchie Summer Service is an intense
Saturday to Saturday experience.**

**Volunteers are expected to remain in camp and fully
participate one week per summer.**

- ✘ Participants must be at least 14 years old by the starting date of their chosen camp.
- ✘ Application and non-refundable \$100 registration fee are due March 31, 2009. Balance of fees due May 1.
- ✘ Make checks payable to Salkehatchie Summer Service.
- ✘ Only 20% of a camp may be composed of any one congregation.
- ✘ For every five youth from the same church there must be an adult (21 or older)

**If you wish to attend more than one camp, secure permission from
the directors of the camps involved prior to the start of the camp.**

**AUTHORIZATION FOR THE CONDUCT OF CRIMINAL RECORDS
AND BACKGROUND CHECKS AND RELEASE OF LIABILITY**

I, _____, understand that any felony criminal conviction and any criminal conviction and/or adverse information relating to children, youth, or vulnerable adults (hereinafter collectively referred to as “Adverse Information”) will disqualify me from working with children, youth, or vulnerable adults. I understand that a conviction for driving under the influence (“DUI”) or a similar alcohol-related driving conviction within the last five (5) years will disqualify me from transporting children, youth, and vulnerable adults. I understand that the appropriate leaders of the South Carolina Conference of The United Methodist Church (the “South Carolina Conference”) and/or my local United Methodist Church will be notified if my record disqualifies me from service in local church and annual conference and/or district activities based on the criteria set forth above.

Authorization to Obtain and Disclose Background Information

I hereby authorize the **South Carolina Conference** to contact **ChoicePoint WorkPlace Solutions, Inc. d/b/a ChoicePoint** (“ChoicePoint”) and **any other background investigation company** to request the disclosure of and obtain from them information about me regarding any record of charges, convictions, or other Adverse Information contained in their files or maintained about me in any criminal file or any other file, regardless of whether the file containing the Adverse Information is a local, state, or national file. I further authorize the **South Carolina Conference** to disclose any information obtained about me from ChoicePoint and any other background investigation company to the appropriate persons of my local United Methodist church and/or the South Carolina Conference so that they may evaluate the information in determining my fitness to work with children, youth, or vulnerable adults.

Release of Liability Regarding Collection and Disclosure of Information

For valuable consideration received including, but not limited to, the evaluation of my fitness to work with children, youth, and vulnerable adults, I hereby **RELEASE, DISCHARGE, AND HOLD HARMLESS** ChoicePoint, any other background investigation company, the South Carolina Conference, and all of those entities’ trustees, directors, officers, managers, employees, and agents (collectively referred to herein as the “Releasees”) **WITH RESPECT TO ANY LOSS, INJURY, OR OTHER DAMAGE** to me arising out of or in any way related to the collection and disclosure of information about my background **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Print Applicant’s Full Name _____ SSN _____

Print all other names that have been used by Applicant (if any) _____



Release Form

AUTHORIZATION FOR THE CONDUCT OF CRIMINAL RECORDS AND BACKGROUND CHECKS AND RELEASE OF LIABILITY

Required information

Date of birth _____ Place of birth _____

Applicants primary physical address: (NO P.O. BOXES)

Street: _____

City: _____ State _____ Zip _____

Social Security Number _____

(Background checks will not be processed without a complete Social Security Number.)

I have already been screened by a United Methodist church or agency.

Church/agency that conducted the prior screening _____

Date of prior screening _____

Signature of Applicant Date