

SPECIAL ATTENTION FORM

To help the Passport staff be as prepared as possible for ministry, please list anything you request our team pay special attention to within your group. This may include family crisis situations, physical limitations (mobility, sight, or hearing differences), unusual allergic reactions (food, bee stings), English as a second language, learning or behavioral differences, emotional or spiritual struggles, etc. This information will be handled carefully as a matter of prayer and assistance to our staff during the week and will not go beyond the bounds of the Passport staff. Passport reserves the right to ask that an adult from your group assist your camper during Bible Study if we consider close individual attention in the camper's best interest.

Camper Name: _____

Church Name: _____

Group Leader Name: _____

Notes: _____

Passport Camp Office Use Only. Bible Study Leader assignment: _____

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Camper Name: _____

Church Name: _____

Group Leader Name: _____

Notes: _____

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CHAPERONE SCREENING CERTIFICATE

Please list the name of each adult who will be coming to camp with your group (including staff, chaperones, and visitors). You will need to conduct a statewide criminal background check (for the state where the adult resides) for each person listed. Any official state background check you have conducted within the past three years is acceptable (**note: within 12 months for chaperones attending camp in Texas**). Please check the appropriate box to indicate that the background check has been conducted for each adult. A ministerial staff member of your church or parish must complete and sign the certification statement at the bottom of this page. Bring the completed form with you to camp Check-In. Thank you for making an effort to protect the well-being of all our campers, as well as your own children and adults!

	Adult's Name	Check if Visiting Camp	Gender	Background Check Completed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

I certify that our church/parish, named below, has conducted a statewide criminal background check for each person listed above, and we affirm them as an adult chaperone for our camp group. I further certify that I am a staff member of the church/parish named below and, thereby, an official representative of the church/parish.

Ministerial Staff Member's Signature

Date

Church/Parish Name

Church/Parish Phone Number

Church/Parish Address, City, State, ZIP