

Name: \_\_\_\_\_

## CRIMINAL HISTORY REPORTS

All volunteers/counselors must give authorization to Camp Brainstorm (Epilepsy Foundation Central & South Texas) to submit a Request for Adult Criminal History Information with the Criminal Justice Information System with the State of Texas. If the potential volunteer/counselor resides outside of the State of Texas, a request will be sent to the State of residency.

All criminal history reports will be sealed and kept confidential by the Administrative Coordinator of Camp Brainstorm. Should a potential staff member, volunteer, or board member receive an unfavorable report, he/she will receive a letter declining his/her service to Camp Brainstorm, along with a copy of the criminal history report.

## AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, \_\_\_\_\_, hereby authorize Camp Brainstorm (Epilepsy Foundation Central & South Texas) to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law.

I understand that such access is for the purpose of considering my application as a counselor and that I expressly DO NOT authorize the camp, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

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Signature

Date

## CONSENT FOR MEDICAL TREATMENT

The undersigned hereby grants permission to the medical staff or consulting physicians at Camp Brainstorm/Camp Aranzazu to administer medications and provide medical care, including any medical emergency care required. The undersigned also gives consent for emergency transport deemed necessary.

## MEDIA CONSENT

The undersigned hereby grants permission to Camp Brainstorm/Camp Aranzazu to photograph, use pictures or visual and audio tapes, or written materials for professional or fund-raising activities through any medium including print, television, radio or the Internet.

## PROPERTY DAMAGE

The undersigned agrees to reimburse Camp Brainstorm/Camp Aranzazu for the cost of repairing facilities or property that is damaged by the undersigned.

## RELEASE OF LIABILITY

The undersigned understands that occasionally accidents occur during camp activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of camp activities, nevertheless, and in consideration for participation at Camp, the undersigned hereby agrees to assume those risks and to hold harmless Camp Brainstorm/Camp Aranzazu and all Camp agents, representatives, employees, and volunteers from any and all liability, claims for personal injury and/or property damage, costs, expenses, and damages arising out of, or connected in any way with, my participation in camp activities. Further, the undersigned acknowledges that Camp Brainstorm accepts no responsibility for the loss, damage, or theft of my personal property.

I certify that all the information I have provided on this application is true. I understand that falsification, misrepresentation, or omission of any information is grounds for refusal to accept my counselor application or to terminate my counselor status.

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Signature

Date

# DPS Computerized Criminal History (CCH) Verification Form

**Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.**

**Applicant Name (Print):**

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual’s criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method.

**Optional Only:** If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the [Crime Records General Information | DPS \(texas.gov\)](#) *Review of Personal Criminal History* or call the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

<b>Applicant Signature:</b>	<b>Date:</b>
Sign and date to acknowledge the statement above.	

**Section 2: Agency use only. Must be completed by authorized personnel conducting search.**

Agency Name:
Authorized Searcher:
Signature of Authorized Searcher:
Date of Search:

**Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.**

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of CHRI stored by agency?	<b>Reminder: DPS does not recommend storing any part of CHRI.</b> <input type="checkbox"/> NO, CHRI <b>is not</b> stored by agency. <input type="checkbox"/> YES, CHRI <b>is</b> stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	<b>Reminder: CHRI must be destroyed after authorized purpose has ended.</b>
Destruction Method	Explain:

[CHRI + Audit Resources \(CJIS Launch Pad\) link](#)

## **Camp Brainstorm Transportation Release**

I/We the undersigned do hereby give permission to The Epilepsy Foundation Central & South Texas and its agents and representatives to transport the participant named below to Camp Brainstorm located at Camp Aranzazu in Rockport Texas. I/We hereby release Epilepsy Foundation Central & South Texas, its agents and representatives from any and all liability that may otherwise occur during the course of transporting the below named person to or from a program, ministry or activity.

I hereby release and forever discharge the Epilepsy Foundation Central & South Texas and each of their officers, directors, employees, and agents (the "released parties") from all claims, causes of action or damages arising out of any injury, illness, or loss of any kind, that may be sustained by my child during or related to my child's attendance at Camp Brainstorm without regard to the cause or causes of such injury, illness, or loss, even if such claims, causes or action, or damages arise from the negligence or carelessness of the released parties.

Counselor's Full Name (Please Print): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact & Phone # \_\_\_\_\_

I certify that I am the Camp Counselor or parent or legal guardian of the child named above. I further certify that the above information is accurate to the best of my knowledge. I, the undersigned, have read and understand the above transportation consent and release from liability through the duration of Camp Brainstorm.

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



## EXHIBIT C LIABILITY AND PHOTO RELEASE DEMOGRAPHIC DATA COLLECTION

I, the undersigned, understand and acknowledge that occasionally accidents occur during camp or retreat activities and that participants may sustain serious personal injury and property damages as a consequence thereof. I understand that at Camp Aranzazu there are adventure sports including a ropes/challenge course, sailing, hiking, kayaking, archery range, and swimming pool. I understand that all activities are to be used only under direct camp supervision. I understand that Camp Aranzazu does not have a medical team on site. I also understand that there is some degree of risk of contracting a communicable disease at any camp, including Camp Aranzazu. Knowing the risks of camp and retreat activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge Camp Aranzazu, its officers, directors, agents, shareholders, and employees, holding all and each of them harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and other liabilities including, but not limited to attorneys' fees, arising out of, connected with, or otherwise resulting from any injury or loss including but not limited to injuries to property or person to me/my child during or related to my/my child's attendance at Camp Aranzazu.

I also give permission and consent to allow photographs or video to be taken during camp session activities. I further give permission and consent that any such photographs or video may be published and used by Camp Aranzazu, and the American Camp Association® and their agents, or donors, to illustrate and promote the camp experience, Camp Aranzazu and its camp programs, or the American Camp Association.

Check this box if you **do not** give permission and consent to allow photographs or video to be taken during camp.

***The information below must be filled out completely and signed.***

Camp/Group Name: \_\_\_\_\_ Date(s) of Camp: \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Attendee is coming to Camp as a:  Camper  Volunteer  Paid Staff  Day Visitor (Date: \_\_\_\_\_)

Attendee or Parent/Guardian Signature: \_\_\_\_\_

Attendee or Parent/Guardian Name (Printed): \_\_\_\_\_

Relationship to Attendee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, ST ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_  Check this box if you do not want your email address added to our mailing list.

***We use the information below to help us write grants to keep the cost of camp as low as possible.***

Attendee qualifies for free or reduced lunch at school:  Yes  No  Prefer not to answer

Ethnicity:  Hispanic/Latinx  White  Black/African American  Asian  
 Indigenous  Other \_\_\_\_\_  Prefer not to answer

**FOR OFFICE USE ONLY:**  Mission  Non-Mission