



**Trout Unlimited Youth Fly Fishing Camp  
Volunteer Background Check Permission Form**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Trout Unlimited conducts background checks on volunteers participating in TU youth camps. We will be conducting a National Criminal Background Check performed by ChoicePoint, Inc. Your personal information will remain confidential and will only be used for a background check in relation to your participation in a TU youth camp.

I hereby grant Trout Unlimited permission to conduct the above referenced background check:

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

*Please return this completed form to:*

**Clackamas River Trout Unlimited / Chapter 677  
P.O. Box 1422  
Estacada, Oregon  
97023-1422**