

FBI Background Check and Determination Request  
Pursuant to the PROTECT Act – PROTECTScreen Pilot

Camp Name: \_\_\_\_\_ ACA Camp Number: \_\_\_\_\_

Camp Contact Name: \_\_\_\_\_  
(This is the person who is coordinating the background checks, and will receive the determinations.)

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Mailing Address (No P.O. Boxes): \_\_\_\_\_  
\_\_\_\_\_

**Background Check and Fitness Determination Requests:**

Pursuant to the PROTECT Act, we are submitting the following potential volunteers for FBI fingerprint criminal background checks and determinations for fitness to serve as a volunteer:

- |                 |             |
|-----------------|-------------|
| 1. Name: _____  | OCA # _____ |
| 2. Name: _____  | OCA # _____ |
| 3. Name: _____  | OCA # _____ |
| 4. Name: _____  | OCA # _____ |
| 5. Name: _____  | OCA # _____ |
| 6. Name: _____  | OCA # _____ |
| 7. Name: _____  | OCA # _____ |
| 8. Name: _____  | OCA # _____ |
| 9. Name: _____  | OCA # _____ |
| 10. Name: _____ | OCA # _____ |

(If submitting more than 10 at a time, please attach additional sheets listing the names and OCA numbers of each person.)

**Payment Information:** Payment must be included with the submission.

Number of Background Checks Requested \_\_\_\_\_ x \$18.00 each = \_\_\_\_\_

Method of Payment:

- Attached is a check or money order  
(Payable to the American Camp Association, Inc.)
- Credit Card Approval; Type of Credit:  VISA  MasterCard  Discover  
Account Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Expiration Date: \_\_\_\_/\_\_\_\_  
Name as it appears on card: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Authorization:**

By submitting fingerprint cards and payment for FBI criminal background checks and fitness determinations, the camp agrees that it has read, understands, and agrees to abide by the PROTECT Screen pilot program procedures and rules as detailed in the ACA PROTECTScreen Manual.

Mail this form, fingerprint cards, signed volunteer approval forms, and photocopies of IDs via a traceable method to: ACA PROTECT Screen 5000 N. State Road 67 Martinsville, IN 46151