

Camp Application for Inclusion in the
PROTECTScreen Pilot

All ACA-Accredited Camps are eligible to participate in the PROTECT Act's PROTECTScreen Pilot Program. The Program allows all participants access to the Federal Bureau of Investigation's (FBI) criminal history records and provides determinations of a potential volunteer's fitness to serve at your camp. Prior to applying for inclusion in the program, please read and understand the details of the program, your responsibilities, and the rights of those to be fingerprinted. All details of the program can be found in the [ACA PROTECTScreen Manual](#).

Camp Information:

Camp Name: _____

ACA Camp Number: _____

State where the camp is physically located: _____

State where the business office of the camp is located (if different): _____

Camp Contact Information:

(This is the person who is coordinating your background checks, and will receive the determinations.)

Camp Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Contact Mailing Address (No PO Boxes): _____

Contact's Position at the Camp: _____

Background Check Information:

Approximate Number of Volunteers working at your camp each year: _____

Estimated number of background checks on volunteers you will request over the next
12 months through the PROTECT Screen Program: _____

Approximate Number of Paid Staff working at your camp each year: _____

Please detail the staff screening methods currently in place at your camp, including any other
types of background checks you perform:

Certifications: By requesting acceptance into the PROTECTScreen Program, you certify that:

- I understand that my camp ultimately bears the full responsibility of screening and placement of volunteers. ACA, NCMEC, and the FBI is in no way liable for any screening decisions made by my camp.
- I understand that participation in the PROTECTScreen Program is only one element of a camp's volunteer screening program. As an ACA-Accredited Camp, we have a multi-faceted screening program.
- I understand that the PROTECTScreen Program is only available for camp volunteers and that paid camp staff are expressly excluded.
- I understand that, based on criminal history record information held by the FBI, a determination will be rendered exclusively by NCMEC as to a volunteer's fitness to serve in a volunteer capacity. ACA acts only as the conduit for the fitness determination from NCMEC to the camp. Neither NCMEC, the FBI, nor ACA are liable for any screening decisions your camp makes about a volunteer's status based on information obtained through the PROTECTScreen Program.
- I understand that applicants that receive a determination other than "meets the criteria" have the right to request a copy of their criminal record from the FBI and challenge the accuracy and completeness of the criminal history record information. I understand that the challenge is between the applicant and the FBI and the camp has no responsibility in the matter.
- I understand that my camp is in no way required to accept any volunteer based on the favorable results of this determination pursuant to the PROTECT Act.
- That I, and my camp understand and accept the terms contained within the ACA PROTECT Screen Handbook, including any disclaimers of liability on the part of ACA, NCMEC and the FBI.

DATE

SIGNATURE

PRINTED NAME

For ACA Use Only:

Date Received: _____ Accreditation Valid: _____

OCA Assignment: _____ Approval: _____