

VOLUNTEER BACKGROUND CHECK FORM

This information is confidential and will be stored in a confidential manner.

In order to provide for the safety and well-being of the Students of Calvary Christian School, a background check is required for all volunteers who work one-on-one with students, who accompany students on overnight activities, or who supervise students in activities with limited oversight by school staff.

(Please PRINT clearly and complete ALL sections)

Attach a copy of your current driver's license and insurance

Student's Name(s)/ Grade(s): _____

Relationship to Student: _____

Volunteer Information:

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Telephone # (____) _____ - _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: ____ Zip Code: _____

Driver's License #: _____ State that Issued DL: _____ Social Security #: _____ - _____ - _____

Emergency Contact Name: _____ Number: _____

Ethnicity: Hispanic Not Hispanic Unable to Determine

Race: American Indian/Alaskan Native Asian Black Native Hawaiian/Pacific Islander White Other

A. Have you ever been convicted of any drug or child abuse related crimes? Yes No

B. Have you ever been convicted of any crimes related to violence? Yes No

C. Have you ever been convicted of a major traffic violation, including DWI? Yes No

D. Have you ever been convicted of ANY misdemeanor or felony crimes? Yes No

E. Have you ever been charged with a crime for which there has not yet been an acquittal or dismissal? Yes No

F. Have you ever had a restraining order filed against you? Yes No

If "Yes" to any question, please complete the following:

Date: _____ County: _____ State: _____

Type of Offense: *(use back if needed)* _____

Explanation: *(use back if needed)* _____

By signing below, I agree to the rules and regulations of the volunteer program outlined in the Volunteer Handbook. I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or a school-sponsored activity.

Volunteer Signature: _____ Date: _____

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For Office Use Only: Submitted _____ Approved: _____ Disapproved: _____