

# School Volunteer Background Check Consent Form

Please complete this form to authorize the school district to conduct a criminal background check. This information is required for all individuals seeking to volunteer within our school system to ensure the safety and security of our students.

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## Volunteer Personal Information

Full Legal Name (First, Middle, Last):

Maiden Name / Other Names Used:

Date of Birth (MM/DD/YYYY):

Social Security Number:

Phone Number:

Email Address:

## Current Residential Address

Street Address:

City:

State:

ZIP Code:

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## Authorization and Consent

I hereby authorize the school district to conduct a criminal background check, which may include a review of federal, state, and local records, including sex offender registries. I understand that the information provided above will be used solely for the purpose of obtaining a background check and will be kept confidential.

I certify that all information provided in this form is true, correct, and complete to the best of my knowledge. I understand that any false statements or omissions may disqualify me from volunteering within the school district.

Volunteer Signature (Sign after printing):

Printed Name:

Date: