

For Office Use ONLY

Requested by:

ECE \_\_\_\_\_

Elementary \_\_\_\_\_

Middle School \_\_\_\_\_



For Office Use ONLY

Date \_\_\_\_\_

Completed by: \_\_\_\_\_

## Authorization Form for Criminal Background Check

This form is to be completed by all applicants serving in any position involving the supervision or custody of minors. It will be used to help the school provide a safe and secure environment for those children who participate in our programs and use our facilities.

Full Legal Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Current Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Maiden Name \_\_\_\_\_

### (REQUIRED INFORMATION)

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN (social security #) \_\_\_\_-\_\_\_\_-\_\_\_\_ Sex:  F  M

Please list all the states you have lived in the past 10 years: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, year: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Student(s) Name and Grade(s): \_\_\_\_\_  
\_\_\_\_\_

In providing the information above, I hereby agree to and authorize Cornerstone Christian School to perform a standard criminal background check thus ensuring the safety of the students and staff of this school.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date