

For Office Use ONLY

Requested by:

ECE _____

Elementary _____

Middle School _____



CORNERSTONE
CHRISTIAN

Academy for Learning & Leadership

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