

COMPREHENSIVE VOLUNTEER

CONFIDENTIAL

Background Check Authorization

Print Name: _____
First Middle Last

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Current Address Since: _____
Mo/Yr Street City State/ Zip

Previous Address From: _____
Mo/Yr Street City State/ Zip

Alias (AKA): _____
Last First Middle

California Driver's License Number: _____

CHECK ONE ONLY:

- Volunteer (\$7.00 Billed to School)
Volunteer Driver (\$13.00 Billed to School)

The information contained in this application is correct to the best of my knowledge. I hereby authorize Southeastern California Conference and its designated agents and representatives to conduct a comprehensive review of my background verification of social security number, criminal history records from any criminal justice agency and driving records if needed.

Volunteer Signature Date



School: _____ Assignment: _____

Principal or Designee Signature (Required) Date



Background Verification Report received on: _____
Date

MAIL COMPLETED FORM TO:

Southeastern California Conference
Rosie Hing, Secretary for Personnel Records
P. O. Box 8050
Riverside, CA 92515

- Cleared Not Cleared

Timothy Rawson, Associate Treasurer

(Copy of this form will be mailed to school when verification has been received.)