

**West End School
Volunteer Data Sheet**

Volunteer Name: _____ (Last) _____ (M.I.) _____ (First)

Address: _____

_____ (State) _____ (Zip Code)

Telephone: _____ (Home) _____ (cell)

Email Address: _____

DOB: _____ Driver's License #: _____

SSN: _____ State Issued: _____

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Emergency Contacts:

1. Name _____ Contact # _____

Relationship _____

2. Name _____ Contact # _____

Relationship _____

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Relationship to School: current student ___/church gp ___/other ___
(please share specifics _____)

Volunteer Interests: classroom ___/lunchroom
___/tutoring ___/mentor ___/other ___
(please share specifics _____)

Background check complete _____/Date

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____

Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Signature _____ | Date: ____/____/____ (Month/Day/Year) |
| If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report: <input type="checkbox"/> | |