Trinity Lutheran School

Volunteer Background Check Authorization

Welcoming IMMEDIATE FAMILY MEMBERS of Trinity Students

For the School Year 2018-2019

Due September 28, 2018

Full Legal Name: _____

(**First**)*No nicknames* (**Middle**)*No Initials* (**Last**)*Full Legal Name*

Social Security Number: _____

Date of Birth:_____ **Gender:** Male/Female

Race/Ethnicity*:* American Indian/Asian /Black or African American/Hispanic/ Latino /White /Multi

Phone Number( )_____

Driver's License Number: _____**State:**_____

Email:_____

Current Address: _____

(full street address) (city) (state) (zip code)

if <1year…

Prior Address: _____

(full street address) (city) (state) (zip code)

Relationship to Student(s)*:* Mom / Dad / Grandma / Grandpa / Adult Sibling

Student's Name (*list student's last name if different than volunteer's legal last name)*	**Grade**	**Student's Name**	**Grade**
1._____	_____	**4.**_____	_____
2._____	_____	**5.**_____	_____
3._____	_____	**6.**_____	_____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Trinity Lutheran School and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I understand that any information or activity reported to these agencies disqualifies me as a volunteer/chaperone.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Trinity Lutheran School or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Trinity Lutheran School, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release.

Signature: _____ **Date:** _____