

SCHOOL VOLUNTEERS

Exhibit Code:

5015-E

REQUEST TO CHECK CRIMINAL BACKGROUND ON VOLUNTEER

Requesting School: _____

Date: _____

Volunteer Name: _____
Last First Middle

List any other names used in the past: _____

Social Security #: _____ Gender: _____ Race: _____

Present Address: _____

Years at this address: _____ Date of Birth: _____

Telephone number: _____

Record of past addresses for last 10 years (attach other sheet if needed)

From _____ to _____
Year year address, city, state, zip

From _____ to _____
Year year address, city, state, zip

From _____ to _____
Year year address, city, state, zip

From _____ to _____
Year year address, city, state, zip

List all arrests/dispositions of all such matters in states other than North Carolina and in federal courts:

Date of Incident	Location	Allegation	Outcome
_____	_____	_____	_____

Date of Incident	Location	Allegation	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all the foregoing is complete, accurate and true and agree to notify the district of any change in the foregoing information. Further, I certify that I have never been convicted of criminal behavior which includes either an act of violence or of a sexual nature. I hereby authorize the Rockingham County Board of Education, its designated employees or agents to secure any and all information on my background and direct the holders of any and all such information about me to release it to the Rockingham County Board of Education, its designees and agents. I hereby expressly waive any claims against the holders of any such information for their compliance with this directive.

Signature of prospective volunteer	Date
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For office use only:

Date of in-state check: _____

Recommendation:

_____ encourage to volunteer with no conditions

_____ okay to volunteer with following conditions:

_____ deny as volunteer

By: _____	Date
Human Resources Designee	

Revised: August 29, 2017