



Confidential
 Christ Chapel and/or Christ Chapel Academy
 Background Check Authorization
 Parent Volunteer



Student Name(s) _____	
Sibling 1: _____	Grade: _____
Sibling 2: _____	Grade: _____
Sibling 3: _____	Grade: _____
Sibling 4: _____	Grade: _____

Print Name: _____
(First) (Middle) (Last)

Gender/Race Birthdate 00/00/0000 Social Security Number
 Former Name(s) and dates Used: _____

Current Address & Date: _____
Street City State Zip County

Prior Address & Date: _____
Street City State Zip County

Telephone Number: _____ Cell Phone Number: _____

Driver License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Christ Chapel 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 volunteer purposes. I understand that the scope of the National Sex Offender and Multi State Criminal reports may include, but is not limited to the following areas: verification of social security number, current and previous residences: employment history, employment credit 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 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 Christ Chapel 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 Christ Chapel, Christ Chapel Academy, the Social Security Administration and its agents, officials, representatives 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.

APPLICATION WILL NOT BE PROCESSED IF BACKGROUND CHECK FEE OF \$20.00 IS NOT INCLUDED*
Please make checks payable to Christ Chapel Academy

*** Fee will be waived for any parent/guardian who is law enforcement or holding a United States government security clearance that required the above mentioned background checks. Please provide us a copy of mentioned documents with the signed agreement.**

Signature _____ Date _____