



# CONFIDENTIAL

## Background Check Authorization

Print Name \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: Male / Female

Ethnicity: (Circle One) Unknown White Black/African American Hispanic  
Asian/Pacific Islander Alaskan Native/ American Indian

Telephone Number: \_\_\_\_\_

Drivers License Number/ State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Volunteer Type: (Circle One or more) Parent Volunteer Classroom Volunteer  
Field Trip Chaperone Other \_\_\_\_\_

School you will be volunteering at: (Circle one or more) Crestwood Park SMS SHS

Please write in the teacher you will be supporting: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize SWANTON LOCAL SCHOOL DISTRICT and its designated agents and representatives to conduct a report to be generated for volunteer purposes. SWANTON LOCAL SCHOOL DISTRICT and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to receive a copy of your Background Check Report.