GUILFORD COUNTY SCHOOLS
REQUEST TO CHECK CRIMINAL BACKGROUND ON VOLUNTEER
Policy GBDCA

Requesting School: _____ Date: _____

Volunteer Name: _____
(Print) First Full Middle Last Maiden

List any other names used in the past: _____

Social Security #: __ __ __ - __ __ - __ __ __ __ Date of Birth: _____ _____ _____
Month Day Year

Present Address: _____
Street City County State

Record of past address for last 10 years (use back of page if necessary)

from _____ to _____ _____
year year street address city county state
from _____ to _____ _____
year year street address city county state
from _____ to _____ _____
year year street address city county state
from _____ to _____ _____
year year street address city county state

Please list any felony or misdemeanor criminal convictions, guilty pleas, deferred prosecutions, prayers for judgments, and pending charges. (Excluding minor traffic violations)

_____
_____
_____

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 Guilford 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 Guilford 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

Note: Please allow up to 30 days for these forms to be processed and returned to the school

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For office use only:
Recommendation: _____ Encourage to volunteer with no conditions

_____ OK to volunteer with following conditions _____ Deny as volunteer

By: _____ Human Resources Designee Date: _____

Revised 5/30/08