



**VOLUNTEER / CHAPERONE
Background Check Request**

This form is to be completed in order for you to volunteer/chaperone on the Elmore County Board of Education campuses. Failure to provide all required information will result in a negative outcome. Please complete one form per volunteer/chaperone, even if you have more than one school or student. If you have already a completed background check with another agency please attach a copy to this form.

1. PERSONAL DATA (TYPE OR PRINT LEGIBLY, USING BLACK OR BLUE INK)

Last	First	Middle	Maiden
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Street/Apt./P.O. Box/Route	City	State	Zip Code
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Driver's License #	Issuing State	Date of Birth	Sex
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
		/ /	M - F
			B - W - O

2. NAME OF SCHOOL(s) AND STUDENT(s) (IF MULTIPLE STUDENTS PLEASE LIST ALL)

School(s)	Student(s)	Teacher

IF YOU FAIL TO ANSWER THE FOLLOWING QUESTION TRUTHFULLY YOU WILL NOT BE ALLOWED TO VOLUNTEER/CHAPERONE WITH THE ELMORE COUNTY BOARD OF EDUCATION.

Have you ever been arrested, charged, or convicted of a criminal offense (other than a minor traffic offense)?
 Yes ___ No ___ If **yes**, please attach an explanation with details including dates, allegations, and dispositions.

I certify that the above information is true, correct, and complete on this form. I hereby give the school system permission to complete a background investigation. This investigation may include such information as criminal or civil convictions and other offenses. Furthermore, I agree to abide by all policies and procedures as delineated in the Elmore County Board of Education policy manual.

You may not begin to volunteer/chaperone until your background information has been received, evaluated, and the school(s) have been notified you are cleared to serve as a volunteer/chaperone.

Signature: _____ Date: _____

Sworn to and subscribed before me this ___ day
 of _____, _____

 Seal and Signature of Notary Public

My commission expires: _____

{SEAL}

Approval Status – To be completed by Central Office

Based on the above information, I approve this individual to be a volunteer with the Elmore County School System.

Comments: _____

Deputy Superintendent _____ Date _____

(Dr. Andre' Harrison)