

COMPREHENSIVE VOLUNTEER

CONFIDENTIAL

Background Check Authorization

Please fill out completely and return with payment to the Elementary Office or your child's classroom

Print Name: _____
First Middle Last

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Current Address Since: _____
Mo/Yr Street City State/ Zip

Previous Address From: _____
Mo/Yr Street City State/ Zip

Alias (AKA): _____
Last First Middle

California Driver's License Number: _____

CHECK ONE ONLY:

- \$7.00 Volunteer \$13.00 Volunteer Driver

Submit cash or check made payable to LLA

The information contained in this application is correct to the best of my knowledge. I hereby authorize Southeastern California Conference and its designated agents and representatives to conduct a comprehensive review of my background verification of social security number, criminal history records from any criminal justice agency and driving records if needed.

This information is held confidential by Administration. Individuals with three (3) or more points, and/or three (3) or more traffic violations, and/or any major traffic violations will not be allowed to drive on field trips or activities until their record has been cleared. Those not cleared will be notified by Administration.

Volunteer Signature

Date

Chid(ren) Name(s)

Grade(s)

Teacher(s)

School: Loma Linda Academy - Elementary

Assignment: Varied

Principal or Designee Signature

Date

Background Verification Report received on: _____
Date

MAIL/RETURN COMPLETED FORM TO:

- Cleared Not Cleared

Loma Linda Academy - Elementary
10656 Anderson Street
Loma Linda, CA 92354

Timothy Rawson, Associate Treasurer Signature