COMPREHENSIVE VOLUNTEER

CONFIDENTIAL

Background Check Authorization

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

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.

_____ _____
Volunteer Signature Date

PLEASE RETURN COMPLETED FORM TO YOUR SCHOOL

School: _____ Assignment: _____

_____ _____
Principal or Designee Signature Date

Background Verification Report received on: _____
Date

❒ Cleared ❒ Not Cleared

_____
Timothy Rawson, *Associate Treasurer*