

COMPREHENSIVE VOLUNTEER

CONFIDENTIAL

Background Check Authorization

Print Name: _____
First Middle Last

Email Address (required): _____

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:

- \$7.95 Volunteer \$14.45 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

Chin Kim, Associate Treasurer