



**Corvian Community School Volunteer Background Check Consent Form**

Name \_\_\_\_\_ Child's Teacher/s \_\_\_\_\_

Address  
\_\_\_\_\_

Previous Address (If not at current residence for at least two years)  
\_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Have you attended Volunteer Training at Corvian Community School before? \_\_\_\_\_

I, \_\_\_\_\_, understand that consumer reports or investigative consumer reports may be requested and/or obtained by Corvian Community School to determine my fitness for volunteering. These may include criminal and driving records. Various federal, state, and local agencies, may be contacted for information about my past activities. These reports may be obtained prior to volunteering and throughout the school year. I have reviewed and understand my role, and false information or failing to adhere to Corvian rules and guidelines will result in immediate suspension of my volunteer privileges.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*A \$10 fee is required to process the background check and ensure student safety. Checks can be made out to Corvian Community School. Go to <http://www.corvian.org/payments.aspx> to pay online.