

Volunteer Background Check Form

To be completed by all volunteers.
Form shall be completed each school year and is valid for all schools and school events.

Today's Date: _____

Name of Applicant: _____
Last Name First Name Middle Initial

Other Names used/alias. Include Maiden, Previous Marriage, Birth Name, if applicable:

Date of Birth: ____/____/____

Location of Birth: _____ (City, State, Country)

Identification: (Driver's License, Birth Certificate, Passport)

ID Type: _____ ID # _____ Expires: _____

I, _____, do hereby authorize the East Haddam Public Schools to research records to determine whether or not I am eligible to volunteer in the schools and at school sponsored events.

Signature of Applicant

Internal use only:

State Sex Offender Registry Results: ____Negative ____Positive (explain below)

National Sex Offender Registry Results: ____Negative ____Positive (explain below)

State of CT Judicial Registry Results: ____Negative ____Positive (explain below)

Name of Investigator Date of Results Yes No
Cleared to Volunteer?