BACKGROUND CHECK

All information must be completely filled out and legible in order for the Background Check to be accepted.

Please return to the Academy Office or email to JMarch@CASpringfield.org.

NOTE: You will receive an email from First Advantage on behalf of Calvary Temple with a form to complete to give permission to complete the background check.

Volunteer Information

First Name _____ Last Name _____

Social Security # _____ Date of Birth (MM/DD/YYYY) ____/____/____

Email _____

Current Address (No PO Box) _____

Zip _____ City_____

State _____ County _____

Student Name _____

I understand that is it the policy of Calvary Academy to conduct standard background checks. Calvary Academy has the responsibility to review my application and/or decline my participation as a volunteer. Personal information received will be protected and deemed confidential to Calvary Academy Administration only.

Volunteer's Signature: _____

OFFICE USE ONLY

( ) First Advantage (Date Processed _____)
( ) Illinois State Police Sex Offender Check (Date Processed _____)
( ) U.S. Department of Justice National Sex Offender (Date Processed _____)
( ) Illinois State Police Murderer and Violent Offender Against Youth Check (Date Processed _____)

Volunteer is ( ) Approved ( ) Denied

Authorized by _____