



**CALVARY
ACADEMY**

BACKGROUND CHECK

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

Volunteer Information

First Name _____ Middle Name _____ Last Name _____

Date of Birth ____/____/____ Social Security # _____

Address (No PO boxes, please) _____

City _____ State ____ Zip ____

Student Name _____

I understand that it is 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 _____

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OFFICE USE ONLY

Date processed _____

- First Advantage
- Illinois State Police Sex Offender Check
- U.S Department of Justice National Sex Offender
- Illinois State Police Murdered and Violent Offender Against Youth Check

Volunteer is Cleared Denied

Approved by _____