

BACKGROUND CHECK INFORMATION FORM

In order to provide a safe and healthy environment for our students and community, please understand that we may need to check references and review relevant public documents regarding criminal activity of any persons who are in contact with our students. For this reason, please provide information as requested below:

Legal Name: _____ Phone: () _____
Please Print

Address: _____ Date of Birth: _____
_____ SS#: _____

Purpose of Background Check -Volunteer___ Facility User___ Other_____

I authorize the Evansville School District to process my agreement for service as a volunteer by reviewing my background. This may include checking references and reviewing relevant public documents regarding criminal activity. I hereby release the Evansville School District, its employees, representatives, and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information.

Signed: _____ Date: _____

Thank you so much for your interest in being a volunteer!

*****COMPLETED FORMS INCLUDE CONFIDENTIAL INFORMATION*****

Send completed forms in sealed envelope to the District Office or mail directly to:

Evansville Community School District
Attn: Business Office
340 Fair Street
Evansville, WI 53536

Office Use Only: Background Check Date _____

Approved _____ Denied _____ Building Notified _____

Letter sent _____

Signed _____