## Reformation Lutheran School 2020-21 Confidential Background Check for Volunteers & Drivers

The following information is required to be held on file for all individuals having contact with students:

FULL NAME:		
Student Name:Grade:		
Present Address:		
Previous Address:		
Work # Cell #		
DOB:		
Have you ever been convicted of violating any civil law, local ordinance, state law, or federal law for actions involving sexual conduct, physical abuse of a child, and/or contributing to the delinquency a child?  Have you ever been convicted of a criminal offense (including criminal traffic matters/not general	of Y	N
traffic violations) in any state or country?	Υ	N
Are you currently on probation in any other state and/or country?	Υ	N
Is any criminal charge or investigation pending against you in any state and/or country?	Υ	N
Reformation's called, hired, and volunteer workers, and to fill out and sign this form every year.  DL Number:		
Insurance Company & Policy #		
All drivers must supply a photocopy of their driver's license & insurance card to the front office prior school event.  By signing this form, I am certifying that:	to drivin	ig for a
by signing this form, I am certhying that.		
I have read and will comply with GUIDELINES FOR VOLUNTEERS/CHAPERONES AND	DRIVE	RS.
<ul> <li>I certify by my signature that all statements provided in this confidential form are true and co any misrepresentation or omission may be grounds for rejection of my volunteer services.</li> </ul>	mplete.	I realize
Signature:Date:		