ICHAT/BACKGROUND CHECK FORM

Thank you for offering to volunteer in the Clarenceville School District. To ensure the safety of our students, the district will perform a background check annually on all volunteers.

In order for the district to perform a background check, please complete the information below. The principal/building secretary will be notified as soon as the background check is complete. You can begin volunteering as soon as the school is notified that you have passed the background check.

Today's Date		
Please print legibly.	2 2	
Last Name	First Name	Middle
		Initial
Maiden Name (if applicable)	-	
Please check one box below.		-
Race White	* 9 =	-
Black	e the second of the second	
Asian or Pacific Islander American Indian or Alaskan Nativ	ve	
Sex Male		
Female		
Date of Birth Month/Day/Year		

^{*}Please attach a copy of valid ID with Date of Birth to this form.