Background Investigation Consent Form VCS Employee and Volunteer

Since I will be working with children as an employee or volunteer, I hereby authorize VALLEY CHRISTIAN SCHOOL, and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for working with children.

I release VALLEY CHRISTIAN SCHOOL and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant/Employee/	Volunteer Full Name – I	PLEASE PRINT
First		
Middle		
Last		
Applicant/Employee/	Volunteer Other Requir	ed Information
Social Security Number	or Sor	
*Date of Birth		
Best Contact Phone Nu		
Email:		
*Driver's License Nun	nber:	
*Driver's License Issui	ing State:	
Current Street Address	(No P.O. Box)	
City	State	Zip
Employee's/Volunteer'	s Signature	
Date		
qualifications for employ discriminate on Sex, Race	ment. VALLEY CHRISTIA e, Age (40 and over), Handio	ification purposes only and is in no manner used as N SCHOOL is an Equal Opportunity Employer, and does not cap, or National Origin.
	Date Ordered:	Date Cleared (No Records): Initials: