



NOTE: If there is a concern with your background check, our School Safety Office will review it and you will be notified. Each schools front office or designee will have a list of all approved volunteers. Please check in with office staff, prior to any volunteer assignments. All volunteer information is confidential. Thanks for volunteering in the NLRSD.

## VOLUNTEER BACKGROUND CHECK CONSENT FORM

Please print and complete form in its entirety.

School: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name or Initial: \_\_\_\_\_ SS#: \_\_\_\_\_

Last name: \_\_\_\_\_

Maiden or other name(s) used on all other records of birth or records of residence.

\_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Have you ever been convicted or pleaded guilty before a court for any federal, state or municipal criminal offense (exclude minor traffic misdemeanors)? Please place an X next to your response: YES \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details of conviction:

State: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, am applying to volunteer with the North Little Rock School District. I give NLRSD use of any information provided during the application process in performing the criminal history check. I have the right to review and challenge any negative information that would impact a decision to allow me to volunteer. I will have the opportunity to clear up any mistaken information within a reasonable time frame set by NLRSD. Under the Fair Credit Reporting Act, I have been advised that upon request, I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of information.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Please return this form to your school office or mail it to NLRSD Parent and Family Engagement, ATTENTION: Parent and Family Engagement Office, 2400 Willow Street, North Little Rock, Arkansas 72114 or scan and email to [parentengagement@nlrsd.org](mailto:parentengagement@nlrsd.org).

### For Office Use Only:

Date Verified: \_\_\_\_\_ Approved  Not Approved  School notified by: Email \_\_\_\_\_ Telephone Call \_\_\_\_\_