



NOTE: If there is a concern with your background check you will be notified. The school will have a list of all approved volunteers.

VOLUNTEER BACKGROUND CHECK CONSENT FORM

Please print.

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 school office in a sealed envelope addressed to Crystal Barker or mail it to: Crystal Barker, North Little Rock School District, 2700 Poplar Street, North Little Rock, Arkansas 72114

For Office Use Only:

Date Verified: _____ Approved Not Approved School notified by: Email _____ Telephone Call _____