

BRUNSWICK CENTRAL SCHOOLS

BRITTONKILL

Volunteer/Chaperone Application Packet (ONLY NEED ONE PER PERSON, NOT PER STUDENT)

I, _____ would like to Volunteer/Chaperone for the

_____ on _____.
(function, fieldtrip etc.) (date)

Name of Student: _____

- I have received and understand Brunswick Central School District's Sexual Harassment Policy.

- I have read and signed the attached Consumer Report Disclosure and give permission to BCSD to complete the Investigative Report.

Name _____

Address: _____

City, State, Zip: _____

(please print)

Approval is good for two years, if you have completed one within the last two years please have teacher check to see if you are already approved before completing a new application.

(For office use only)

Investigative Report Completed: _____
(date)

BRUNSWICK CENTRAL SCHOOLS

BRITTONKILL

Signature: _____

Page 1 of 2

DISCLOSURE

As part of the volunteer/chaperone process, Brittonkill Central School District will obtain a consumer report (also known as an investigative consumer report), which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process, I hereby authorize First Advantage, on behalf of BCSD to procure a consumer report (also known as an investigative consumer report) which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from court record repositories, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Signature

Date

_____-_____-_____
Social Security Number*

Date of Birth*

*For Identification Purposes Only

Page 2 of 2