

ACSF Background Information Release

Position: IRL Volunteer

Volunteer coordinator: Emma Erbach (828)350-6270

In connection with my application for volunteering or tutoring or employment (including contract for services), I understand that investigative reports which may contain public record information, may be requested or made on me including, criminal records, driving record, education, prior employer verification, and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

In addition, I understand that, once employed, a criminal records check may be conducted from time to time for employment purposes for annually rehired and current employees (including substitutes) on an individual, random or rotating basis pursuant to Board Policy 7100, **as well as on independent contractors and volunteers.**

I hereby authorize without reservation, any party or agency contacted to furnish the above-mentioned information. I also hereby authorize Asheville City Schools to procure a criminal record check from time to time for employment purposes and I agree to provide to Asheville City Schools any other information required in connection with procuring such records.

FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

(Name)

First: _____ **Middle:** _____

Last: _____ **Social Security#:** _____ - _____ - _____

Gender: _____ **Date of Birth: Month:** _____ **Day:** _____ **Year:** _____ **Race:** _____

MAIDEN name; Aliases, etc.: _____

Drivers License #: _____ **State:** _____

LIST THE LAST 6 ADDRESSES YOU RESIDED IN STARTING WITH THE MOST CURRENT:

	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Dates (MM/YEAR)</u>
1.	_____	_____	_____	_____	From: _____ To: _____
2.	_____	_____	_____	_____	From: _____ To: _____
3.	_____	_____	_____	_____	From: _____ To: _____
4.	_____	_____	_____	_____	From: _____ To: _____
5.	_____	_____	_____	_____	From: _____ To: _____
6.	_____	_____	_____	_____	From: _____ To: _____

Signature _____ **Date:** _____

How many total hours per week are you available? _____

Personal Reference Qualifications (2 names required):

- Reference cannot be someone who lives in your household or is related to you in any way.
- Reference must have known you for at least one year.
- We need phone numbers where references can be reached **during regular business hours** (long distance okay); email is helpful.
- The perfect reference (but not required) is someone who has seen you work with children.

Reference #1:

Name: _____ Relationship: _____

Daytime Phone: () _____ Email: _____

Reference #2:

Name: _____ Relationship: _____

Daytime Phone: () _____ Email: _____