

## **Volunteer Background Check Form**

To be completed by all volunteers.

| Today's Date:          |                        |                        |                     |  |            |  |
|------------------------|------------------------|------------------------|---------------------|--|------------|--|
| Name of Applicant:     | Last Name              | First N                | ame                 | Middle Initial                                   |            |  |
| Other Names used/al    |                        |                        | ge, Birth Name, if  | applicable:                                      |            |  |
|                        | /_                     |                        |                     |  |            |  |
| Location of Birth:     |                        | (City, State, Country) |                     |  |            |  |
| Identification: (Drive | er's License, Birth Ce | rtificate, Passport    | )                   |  |            |  |
| ID Type:               |                        | ID#                    | E                   | xpires:  |            |  |
| I,determine whether or |                        |                        |                     | olic Schools to research a sol sponsored events. | records to |  |
| Signature of Applica   | nt                     |                        |                     |  |            |  |
|                        |                        | Internal use           | only:               |  |            |  |
| State Sex Offender R   |                        | _                      | · •                 |  |            |  |
| National Sex Offend    | er Registry Results:   |                        |                     |  |            |  |
|                        |                        |                        |                     |  |            |  |
| State of CT Judicial   | Registry Results:      | Negative               | Positive (expl      | ain below)                                       |            |  |
|                        |                        |                        |                     |  |            |  |
| Name of Investigator   | Date                   | of Results             | Yes N<br>Cleared to | o Volunteer?                                     |            |  |