

By signing this form, I give ACA permission to use this form annually for each year I have students enrolled at ACA.

Date Received _____
Date Processed _____

ASHEVILLE CHRISTIAN ACADEMY BACKGROUND CHECK FORM

“JESUS DID NOT COME TO BE SERVED, BUT TO SERVE.” MATTHEW 20:28

The community we call Asheville Christian Academy would not be the same without you. Your willingness to give of your time is truly valued. We appreciate your completing the following information and look forward to the potential of working with you as we build our community of grace together. Please keep in mind that this process is for the safety of our children and that all information will be kept confidential.

The information on the driver and driver's liability is required for all personal and leased vehicles used to transport students on any ACA activity. If you are willing to volunteer on campus or for an ACA activity (field trip, athletic event, etc.) please complete this form.

Basic Information (Please print)

Name (including maiden): _____

Social Security#: _____ Date of Birth: _____

Driver's License Number: _____ State Issued: _____

Street Address: _____

City/State: _____ State: _____ ZIP: _____

Cell Phone Number: (____) _____ Email: _____

Home Telephone: (____) _____ Business Telephone: (____) _____

Relationship to student: Parent/Grandparent _____

Emergency Contact (Name and Telephone Number and Relationship to Student): _____

Auto Insurance Carrier: _____ Policy Number: _____

Expiration Date: _____

Student Information

_____ ACA Student(s) Name and Grade _____

_____ ACA Student(s) Name and Grade _____

_____ ACA Student(s) Name and Grade _____

_____ ACA Student(s) Name and Grade _____

ACA VOLUNTEER/DRIVER BACKGROUND CHECK AND INFORMATION FORM CONTINUED

Additional Background Check Information

Please list all other addresses where you have resided in the past five years:

Address, City, State, Zip

Have you ever been arrested for or convicted of a crime? (Yes or No) _____

If you have ever been arrested for or convicted of a crime, other than a non-moving traffic offense, please indicate the nature, date, and place of each arrest or conviction; sentence received; sentence served; the name of any probation or parole officer; and, any other facts or circumstances that you wish to provide.

I authorize Asheville Christian Academy to conduct any background checks on me annually as may be allowed under federal, state or local law, in order to assist ACA in arriving at a decision on my volunteer/driver status and agree to cooperate with that process. I understand that such investigation may include, among other things, conducting a criminal history and sexual offense background check on me.

I understand that Asheville Christian Academy is under no obligation to accept me as a volunteer/driver. I further understand that ACA will not accept me for a volunteer position if I fail to complete this form, or if any of the information that I have provided on this form or discovered by ACA renders me unacceptable for a volunteer/driver position, as determined solely by ACA.

I understand that if I am accepted for a volunteer/driver position, I am bound to comply with all ACA rules, directives, policies, procedures, etc., including but not limited to those concerning ACA's teachings, morals, and personal conduct. I acknowledge that, in the event I am accepted for a volunteer/driver position, Asheville Christian Academy has the right to utilize my volunteer/driver service as it deems necessary and to terminate my volunteer/driver service at any time.

I certify the information contained in this application is true and complete. I acknowledge that if I am accepted as a volunteer/driver, if any of the information requested by this form changes, I have a continuing obligation to notify Asheville Christian Academy (ACA) of such new information immediately.

I release ACA and its employees and agents, and any person or entity and its employees and agents, from any and all liability.

I recognize that when driving a personal or leased vehicle for ACA, my insurance carrier will have primarily liability in the case of an accident.

Signature

Date