

Date Processed
Date Received

## **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.

<u>Basic Information</u> (Please print)			
Name (including maiden):			
Social Security#:	Date of Birth:		
Driver's License Number:	State Issued:		
Street Address:			
	State: ZIP:		
Cell Phone Number: ()	Email:		
Home Telephone: ()	: () Business Telephone: ()		
Relationship to Student: Parent/Gra	andparent:		
	ephone Number and Relationship to Student):		
	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		

## 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 crir	ne? (Yes or No)	
If you have ever been arrested for or convicted of a cr offense, please indicate the nature, date, and place of received; sentence served; the name of any probation circumstances that you wish to provide.	each arrest or conviction; sentence	
I authorize Asheville Christian Academy to conduct an may be allowed under federal, state or local law, in ord on my volunteer/driver status and agree to cooperate investigation may include, among other things, conduct background check on me.	der to assist ACA in arriving at a decision with that process. I understand that such	
I understand that Asheville Christian Academy is unde volunteer/driver. I further understand that ACA will nearly to complete this form, or if any of the information discovered by ACA renders me unacceptable for a volume solely by ACA.	ot accept me for a volunteer position if I that I have provided on this form or	
I understand that if I am accepted for a volunteer/driv ACA rules, directives, policies, procedures, etc., include ACA's teachings, morals, and personal conduct. I acknow for a volunteer/driver position, Asheville Christian Accepted volunteer/driver service as it deems necessary and to any time.	ing but not limited to those concerning nowledge that, in the event I am accepted ademy has the right to utilize my	
I certify the information contained in this application is I am accepted as a volunteer/driver, if any of the infor have a continuing obligation to notify Asheville Christi information immediately.	mation requested by this form changes, I	
I release ACA and its employees and agents, and any pagents, from any and all liability.	person or entity and its employees and	
I recognize that when driving a personal or leased veh primarily liability in the case of an accident.	icle for ACA, my insurance carrier will have	
 Signature	 Date	

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