

CRIMINAL BACKGROUND CHECK FORM  
FOR VOLUNTEERS

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Person will be volunteering in classroom: \_\_\_\_\_

Person will be volunteering on field trips: \_\_\_\_\_

Other: \_\_\_\_\_

School Location: Crescent Lake School

Requested by: \_\_\_\_\_

School Principal/Administrator

Please Print

\_\_\_\_\_  
School Principal/Administrator

Signature