



Employee & Volunteer Record Check Consent Form

To ensure the safety of our students, all BCA employees, volunteers, including parents of BCA students, need to pass a criminal background check yearly before they are allowed to work with or around our children.

Employee/ Volunteer 1:

Full Name: _____

List any other names by which you have been known:
(maiden name, former name, alias, etc.)

Social Security No.: _____

Date of Birth: _____

Gender: _____

Ethnicity: _____

Phone: _____

Drivers License No.: _____

State: _____

Address: _____

Employee/ Volunteer 2:

Full Name: _____

List any other names by which you have been known:
(maiden name, former name, alias, etc.)

Social Security No.: _____

Date of Birth: _____

Gender: _____

Ethnicity: _____

Phone: _____

Drivers License No.: _____

State: _____

Address: _____

I authorize Baldwinsville Christian Academy to perform a background checks using the information provided on this form, and I understand that these background checks include authorizing various government and/or law enforcement agencies to release criminal and/or driving records to the school or its designated agent.

I understand that Baldwinsville Christian Academy may conduct such background checks so long as I remain employed or volunteer at this school, and that this authorization extends from one school year to the next so long as I remain employed or volunteer at the school.

I certify that the information provided on this form is true and complete and that false or misleading information given in my employment or volunteer application, in my interview with school staff, or on this form my render my application void and be just cause for termination of employment or volunteer assignment. I hereby release from liability Baldwinsville Christian Academy and its administration, staff, employees, agents, and volunteers with regard to any decision made on my application.

Signature

Date

Signature

Date

Date submitted (Office use only)