



## CONSENT FOR CRIMINAL BACKGROUND CHECK

In order to protect the children in our care, Umpqua Valley Christian School conducts a background check on all coaches and volunteers. Your signature below authorizes Umpqua Valley Christian School and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. **Please print.**

Full Legal Name: \_\_\_\_\_ Male Female  
First Middle Last

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other Names Used: \_\_\_\_\_  
(Maiden, Alias, Legal Name Change, etc.)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

Previous Addresses in past 7 years:

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever been convicted of any crime? Yes No

If "Yes." Explain (please include date, State, Jurisdiction, and offenses):

Applicant's signature: I have reviewed and completed this form as applicable to me. I give Umpqua Valley Christian School permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me in writing. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of witness:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_