



**CALVARY
ACADEMY**

BACKGROUND CHECK

All information must be completely filled out and legible in order for the Background Check to be accepted.

Please return to the Academy Office or email to JMarch@CASpringfield.org.

Volunteer Information

First Name _____ Last Name _____

Social Security # _____ Date of Birth (MM/DD/YYYY) ____/____/____

Email _____

Current Address (No PO Box) _____

Zip _____ City _____

State _____ County _____

Student Name _____

I understand that it is the policy of Calvary Academy to conduct standard background checks. Calvary Academy has the responsibility to review my application and/or decline my participation as a volunteer. Personal information received will be protected and deemed confidential to Calvary Academy Administration only.

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Volunteer's Signature: _____

OFFICE USE ONLY

- First Advantage (Date Processed _____)
- Illinois State Police Sex Offender Check (Date Processed _____)
- U.S. Department of Justice National Sex Offender (Date Processed _____)
- Illinois State Police Murderer and Violent Offender Against Youth Check (Date Processed _____)

Volunteer is Approved Denied

Authorized by _____