

BACKGROUND INVESTIGATION CONSENT FORM WEST COUNTY CHRISTIAN ACADEMY 2012-13

Your signature on this document indicates that you have read and understand the conditions herein.

I understand that West County Christian Academy (WCCA) may perform a background investigation to determine my suitability to volunteer/participate in school activities; I hereby authorize WCCA to secure the information necessary to make such a decision. I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in this consent form, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief:

- | | | |
|---|-----|----|
| 1. Have you had your driver's license ever suspended, revoked or restricted? | Yes | No |
| 2. Do you have a valid/current driver's license? Please provide a copy of said license. | Yes | No |
| 3. Do you have automobile liability insurance? Please provide a copy of said insurance. | Yes | No |
| 4. Is there any criminal or traffic matter action now pending against you? | Yes | No |
| 5. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended? If yes, explain fully. | Yes | No |

By signing this document, I authorize WCCA to conduct a background investigation.

I hereby authorize without reservation the release of the information related to this investigation, and further release from liability any and all individuals and organizations that provide information to WCCA.

Signature	Date

Date of birth and Social Security number will be used only to complete the background investigation.

Name	Date of Birth	Social Security #

Last three states of residence:

1)		to		
	Address City State, Zip		Dates of Residence	
2)		to		
	Address City State, Zip		Dates of Residence	
3)		to		
	Address City State, Zip		Dates of Residence	