

SCHOOL OF CLASSICAL BALLET & DANCE

Volunteer Application

Upon receipt of this form, SCBD retains the right to conduct a background check on the person listed below at any time while the listed students are enrolled at SCBD. This form ***must*** contain your **FULL LEGAL NAME (INCLUDING MIDDLE NAME AND MAIDEN NAME)** and date of birth. SCBD will not be able to process the necessary reports without this information.

Please **Print** Legibly

I am a: Parent/Guardian

☐

Relative

☐

Community Member

☐

Full Legal Name:

Last Name

First Name

Middle Name

Maiden/Other Name Used

Date of Birth: ____ / ____ / ____
Mo. Day Yr.

Gender: Male

☐

Female

☐

Driver's License Number: _____

State Issuing Driver's License: _____

Address _____

City, State, Zip _____

Primary Phone: (Circle) Home Work Cell

Other Phone (Optional): (Circle) Home Work Cell

Email Address _____

Emergency Contact Name: _____ Phone: _____

Please list names and grades of your students currently enrolled at SCBD :

| Name | Level | Name | Level |
|------|-------|------|-------|
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | 6. | |

CONSENT TO CONDUCT BACKGROUND CHECK

School of Classical Ballet and Dance (SCBD) seeks to create a safe sanctuary for students, free from crime, violence, drugs and abuse. SCBD shall obtain the criminal history record of prospective volunteers who will work with students and/or have access to student information.

This application authorizes, gives consent for release of personal information, and acknowledges that SCBD may now or at any time the applicant is in volunteer service conduct investigations whether the records consist of public, private, or confidential nature. These investigations may include, but are not limited to, driving records, educational reference, personal reference, name verification, civil court records, felony criminal history, misdemeanor criminal history, and federal, state, or extended records.

I understand that these searches will be used to determine volunteer work eligibility at SCBD. Therefore, I authorize and consent to full release of records to the authorized representatives of the school. In addition, I release and discharge SCBD and its agents to the full extent permitted by law from any claims, damages, losses, liabilities, expense, or any other charges or complaints filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Act, I am entitled to know whether volunteer services were denied based upon the information obtained and to receive, upon written request, a disclosure of the background report.

Signature _____

Date _____

Office Use Only

Date Received: _____ Date Processed: _____ SCBD Employee: _____ Result: _____