

West Highland Christian Academy Background Check Authorization Form

It is the procedure of West Highland Christian Academy to secure criminal history information for staff and volunteers of West Highland Christian Academy.

Full Legal Name

First

Middle

Last

Maiden Name / Names Previously Used

Date of Birth: _____

Race: _____ (American Indian or Alaskan Native, Asian or Pacific Islander, Black, White, Unknown/Other)

Gender: _____ (Male, Female)

I understand that the above information is required by West Highland Christian Academy Administration to work or volunteer with children. I authorize West Highland Christian Academy to utilize the above information for the sole purpose of obtaining a criminal history file search.

Signature

Date

Forms will be seen by Administrators only. Completed forms will be kept in secure area. Background check information and results will be made available to applicant upon request.

School use only

Check box for completed background check.

Date: _____

Signature: _____