

VOLUNTEER BACKGROUND INFORMATION FORM

MEMORIAL SCHOOL

(All Information Remains Confidential)

Name: _____

(Please Print) Last Name First Name Middle Initial

Sex: _____ Race: _____ Date of Birth: ____/____/____

M=Male

W=White

Month Day Year

F=Female

B=Black

U=Unknown

I=American Indian/Alaskan Native

A=Asian/Pacific Islander

U=Unknown

Social Security Number: _____ - _____ - _____

Signature of Applicant Month Day Year

(All information is required to do a Background Check. By signing this form, you are giving permission for School District 146 to do an Illinois State Police background check.)

Please complete and return hard copy to Memorial School Front Office. Do not fax or e-mail.