

Circle of Care & A Developing Mind Elementary
3755 Covington Avenue, Post Falls, Idaho 83854
(208)777-1600

Volunteer Background Form

The responsibility the Circle of Care & A Developing Mind Elementary has to its school children, program participants and community necessitates the following background information. The information on this form will be kept confidential. It is the policy of the Circle of Care & A Developing Mind Elementary to require all volunteers and prospective volunteers to complete this Disclosure Statement. Subsequently, the School may complete a background check through the Post Falls Police Department.

NAME: _____ SOC. SEC. #: _____
Last First Middle

*List all names you have ever had or have used

ADDRESS: _____
Street City State Zip

Number of years at this address: _____ Date of Birth: ____/____/____ GENDER _____

Yes No Do you have an Idaho Driver's License? # _____

Yes No Do you have students in the Circle of Care & A Developing Mind Elementary? If so, which class? _____

Yes No Have you ever been convicted of, or do you have any charges pending or under investigation, for felonies or misdemeanors? IF YES, please fill in the information below and include date, location, nature and circumstances of offense:

Please explain: _____

I authorize the Circle of Care & A Developing Mind Elementary and a law enforcement agency to review my personal background. I consent to having Circle of Care & A Developing Mind Elementary to conduct a criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the Circle of Care & A Developing Mind Elementary. I understand that the Circle of Care & A Developing Mind Elementary will verify the information I have provided above. I understand that the School reserves the right to deny my application to serve as a volunteer. I hereby release the School and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

Signature

Date

Please return this form to the Circle of Care & A Developing Mind Elementary, 3755 Covington Avenue, Post Falls, Idaho, 83835.

Thank you and we look forward to having you join us in our classroom, events, and activities!