

**Beaufort County Schools**  
**Volunteer Request for Criminal Background Check & Release Form**  
**ONE PERSON PER FORM PLEASE**

Requesting School: \_\_\_\_\_ Date: \_\_\_\_\_

Your Student's Name (if applicable): \_\_\_\_\_

Volunteer Activity (fieldtrip chaperone, classroom assistant, etc): \_\_\_\_\_

Volunteer Name (Print): \_\_\_\_\_  
Last First Middle Maiden

Any Other Names Used: \_\_\_\_\_  
(Print) Last First Middle Maiden

Current Street Address: \_\_\_\_\_  
Street City State Zip

Please list any states of past residence other than NC: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Month Day Year

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\* Please list any felony or misdemeanor criminal convictions, guilty pleas, deferred prosecutions, prayer for judgments and pending charges. (Excluding minor traffic violations-Use back if necessary.)**

I hereby authorize Background Investigation Bureau, Inc. to obtain any and all information that pertains to my eligibility for participation in school activities. This information will include arrest and/or criminal records and driver/motor vehicle abstract. I also understand that the information provided is accurate to the best of my knowledge. I also understand that information above regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly and will not be used to discriminate against me in violation of the law.

I state that the information provided is accurate to the best of my knowledge. I also understand that information about my background may contain negative information about my character and style of living. My signature releases any liability against Background Investigation Bureau, Inc. or it's acting agents. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

I further certify that all the foregoing is complete, accurate and true and I agree to notify the district of any change in the foregoing information. Further, I certify that I have never been convicted of criminal behavior which includes either an act of violence or of a sexual nature. I hereby authorize Beaufort County Schools, its designated employees or agents to secure any and all information on my background and direct the holders of any and all such information about me to release it to Beaufort County Schools or, its designees and agents. I hereby expressly waive any claims against the holders of any such information for their compliance with this directive. I understand that a criminal records check also may be conducted on an individual, random, or rotating basis of annually approved volunteers whose services involve contact with students.

\_\_\_\_\_  
Signature of prospective volunteer Date

\*\*\*\*\* I have reviewed the above volunteer request for my school and I am submitting it to Human Resources for approval.

Principal \_\_\_\_\_ School/Date \_\_\_\_\_