

Please fill out the following form and return it to Skopos Christian School at least 48 hours before the first time you will be volunteering at SCS. Please print clearly.

Name: _____

Any other names (maiden name, previous name, etc.):

Current Address:

Any other addresses over the last 7 years:

Birthdate: _____ Social Security #: _____

Driver's License #: _____ Issuing State: _____

I understand that every parent at Skopos Christian School will go through an annual background check in order to ensure the safety of every child in our organization. I hereby consent to this background check.

Signature

Printed Name

Date