

Please fill out the following form and return it to Skopos Christian School prior to the first day of school, allowing time prior to your volunteering at SCS. Please print / type clearly. **Please fill out ONE form per volunteer.**

Name: _____

Any other full names (full maiden name, full 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