

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