



ARLINGTON  
COMMUNITY ACADEMY

## Volunteer Application/Background Release Form

Last Name:		Street:	
First Name:		City:	
Middle Name:		Zip:	
Date of Birth:		Phone: (home)	
Race:		Phone: (cell)	
Social Security #		Email:	

Other names or aliases: \_\_\_\_\_

Previous address and dates used: \_\_\_\_\_

Have you ever been charged, convicted or pleaded guilty to a crime?  Yes  No

If yes, explain \_\_\_\_\_

Have you ever been charged, convicted or pleaded guilty to any type of sexual misconduct  Yes  No

If yes, explain \_\_\_\_\_

Have you ever had a record of a criminal arrest or conviction expunged?  Yes  No

If yes, explain \_\_\_\_\_

I am willing to permit a background check?  Yes  No

**I certify that the above listed information is true. I hereby authorize Arlington Community Academy and its designated employees to conduct a comprehensive background check for volunteer purposes. I understand that this information may be used to determine eligibility as a volunteer at the Arlington Community Academy. I understand that falsification of any part of this application will eliminate me from becoming an Arlington Community Academy volunteer. I understand that the background check will include, but is not limited to, criminal history records. Arlington Community Academy will maintain these records in a confidential manner in order to protect your privacy and personal information.**

Signature \_\_\_\_\_ Date \_\_\_\_\_