

# North Lawrence Community Schools

2014-2015

## Volunteer Background Check

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Volunteer's Name (first and last): \_\_\_\_\_

Birthdate (00/00/0000): \_\_\_\_\_

Volunteer's Name (first and last): \_\_\_\_\_

Birthdate (00/00/0000): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Thank you very much for volunteering. Your efforts make a difference!

