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Personal Information						
Name			Phone			
Address			Email			
Emergency Contact	Name					
Phone		Relationship				
Criminal History Have you ever been convicted of a felony (include other crimes of violence)?	luding but not limi	ited to drug-re	elated charges, child abuse,	Yes	No	
Have you ever been exposed to an incident of	child abuse or neg	glect?		Yes	No	
Do you currently have any criminal actions pe	ending in which yo	u are the Defe	ndant?	Yes	No	
Are you currently on probation or parole?				Yes	No	
If you answered "Yes" to any of the above que and the county and state in which it occurred	stions, please expl	lain the nature	of the offense and provide th	ne date of the	e offense	
All volunteers working directly with stude Star or the sponsoring agency (e.g. Junior A Background Check" or provide proof from	Achievement). Ple	ease complet	e the attached "Permission		y Morning	
Expectations (please initial to agree to ab	ide by these expect	cations)				
While volunteers are encouraged say on how a project is to be com their direction.				_		
Volunteers must come prepared	with proper clothi	ng for work pi	rojects and for classroom wor	k (business	casual)	
Indemnity and Release						
I, the undersigned, wish to voluntarily particip dangers and hazards inherent in volunteering wrongful death, as well as the unknown dangerepresentative, to defend, hold harmless, inde Star Academy its trustees, officers, employees actions, or causes of action on account of any from my participation as a volunteer.	and any related to ers and hazards, do emnify, release and agents, insurers,	ransportation, o hereby volui l forever disch successors, as	including personal injury, pr ntarily: Agree, for myself, my large, to the broadest extent a signs, from and against any an	operty dama heirs and my illowed by la nd all claims	age, or y personal aw, Morning s, demands,	
I have read this release, I understand it fully, I agreeing to indemnify Morning Star Academy Academy for injuries, damages or losses I may	for injuries, dama					
Printed Name		_				
Signature		-	Date			



Permission to Obtain a Background Check

(This form authorizes the school to obtain background information and must be completed by the applicant.

The school must keep this completed form for at least two years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize Morning Star Academy through its independent contractor to procure background information (also known as "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations and social security number verification; present and former addresses, criminal and civil history/records and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Morning Star Academy, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature:				Date:			
Identifying Informa			gency (also known a OMPLETE BACKGROUN		eporting Agency")		
*Printed Name:		First	Middle	I	Last		
Other Names Used	(alias, maiden, nic	kname):					
Years Used: *Daytin			e Phone Number:				
*Current Address:							
	Street/P.O. Box		City	State	Zip		
	County		Dates				
*Email Address:							
*Social Security Nu	mber:		*[ate of Birth: _			
*Drivers License N	umber:			*State:			

Confidential