



**Volunteer Authorization for Background Check**

Seneca Academy requires an authorization to conduct a criminal background check for volunteers. The information obtained through such a check will be considered confidential and used strictly to determine eligibility for volunteering. The search will be conducted on the following websites: <http://casesearch.courts.state.md.us/> and [www.nsopw.gov/](http://www.nsopw.gov/) (National Sex Offender Registry). If there are any questions about your background check results and/or further information is required to determine your eligibility for volunteering, you will be contacted by either the Head of School or the Director of Business Operations.

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**Name(s):** List any names (aliases) you've had during the last 7 years.

	<u>Last</u>	/	<u>First</u>	/	<u>Middle</u>
Current full name	_____	/	_____	/	_____
Prior full name	_____	/	_____	/	_____
Prior full name	_____	/	_____	/	_____

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                  Month      Day            Year

**Mailing Address** \_\_\_\_\_

**City, State, ZIP** \_\_\_\_\_

**Name(s) of Enrolled Student(s)** \_\_\_\_\_

By my signature below, I acknowledge this authorization to conduct a computerized criminal history check is valid until revoked by me. I also affirm that the information provided above is accurate, true and correct.

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

Personal email \_\_\_\_\_ Phone \_\_\_\_\_

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**Office Use Only**

Check run by: \_\_\_\_\_ Cleared:      **Y**      **N**

Date: \_\_\_\_\_