

MSAD #58 Volunteer Chaperone Background Check

(Please print all information)

All information will be kept confidential – District Office use only

Name _____
 First Middle Last (Maiden)

Address _____ County _____

City _____ State _____ Zip _____

Previous Address _____ County _____

City _____ State _____ Zip _____

SSN# _____ - _____ - _____ Driver's License/ID # _____

Birth Date ____ / ____ / ____ Place of Birth _____

List All Convictions/Traffic Violations
(Conviction of a Crime is not an automatic bar to participating in MSAD #58 events)

Year	Offense	City	State

My signature below constitutes authorization to perform a background check, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the MSAD #58 contacts in connection with my volunteer chaperone request to fully provide the MSAD #58 any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the MSAD #58, its agents and officials or against my provider of such information.

Signature: _____ Date: _____

Approvals are valid for two (2) years.