

GreatHeartsTexas

CLASSICAL EDUCATION. REVOLUTIONARY SCHOOLS.

CONSENT TO CONDUCT BACKGROUND CHECK

Inaccurate and/or incomplete information will interrupt, delay or otherwise adversely affect timely, successful completion of background screening and clearance.

LEGAL NAME (First, Middle, Last): _____

OTHER NAMES & ALIASES (Birth Name, Maiden Name, etc.): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE NUMBER: _____

DRIVERS LICENSE STATE: _____

CURRENT STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

ACADEMY NAME: _____

VOLUNTEER DUTY: _____

VOLUNTEER START DATE: _____

Please circle your answer to the following questions:

Are you a parent, guardian, or grandparent of a child who is enrolled in our district or school? If YES, name of Student(s) _____	YES	NO
Are you volunteering for a single or multiple events on our school campus?	SINGLE	MULTIPLE
Will you be escorted by a school district employee while on our school campus?	YES	NO

I, _____, have offered to volunteer with Great Hearts America – Texas, or a member school/subsidiary corporation of Great Hearts America - Texas (GHATX). I understand that the nature of my volunteer work with GHATX, since it may include working with and/or around children, demands a thorough and specific search for any criminal records which may exist in my history. I acknowledge that the completion of a name-based background check is a condition of volunteering within GHATX (as required by State Law). Furthermore, for volunteer opportunities with prolonged and/or close proximity to children, I consent to provide fingerprints for a state and national criminal record search. I authorize GHATX to report and obtain information from the Texas Department of Public Safety to search the clearinghouse of criminal records. If applicable, I hereby give my consent to GHATX to open correspondence sent to their central office, addressed to me, from the Texas Department of Public Safety regarding the status of a background clearance and/or potential subsequent correspondence. I acknowledge that GHATX may conduct additional research into State or National criminal records, with or without the aid of a consumer reporting agency, and hereby give permission for GHATX to conduct such research. GHATX secures that my social security number will be held highly confidential, and used only for secure criminal background checks.

SIGNATURE: _____
(A photocopy or facsimile copy of this form that shows my signature shall be as valid as an original)

DATE: _____