

CRIMINAL RECORD AUTHORIZATION FORM

Volunteer screening policies and procedures are very important to an organization's livelihood. Volunteer screening keeps unqualified applicants from becoming volunteers and it ensures organizations that they are using the best volunteers to accomplish their mission.

Please fill out the following form with **black ink**. Forms must be **legible** and must be **printed on white paper**. The document must be in its original form and in compliance with the above listed specifications in order to be processed. **No faxed copies will be accepted.**

I authorize James Island Charter High School and my sponsoring organization permission to do a criminal background check (SLED) on me in order to volunteer for the **2019-20** year.

_____/_____/_____
Signature Date

Volunteer Placement: James Island Charter High School/Athletics/BAND/ROTC/Other
**** (Circle the Name of Your Program)****

PLEASE PRINT

Name: _____
First Middle Last Maiden

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____ Work Number: _____
(Area Code)

Social Security Number: _____

Driver's License Number: _____ State of Issue: _____
(Please attach a copy of your Driver's License to this form.)

Date of Birth:* _____ Place of Birth _____

Gender:* M F Race:* _____

Email Address: _____

**This information will be used to properly identify you in the event we find adverse information during the course of the background search.*

PLEASE RETURN THE COMPLETED FORM TO YOUR ORGANIZATION

Lynn Shaddrix/HR
James Island Charter High School
1000 Fort Johnson Road
Charleston, SC 29412

OFFICE USE ONLY: _____ Approved _____ Denied