



## **Background Check Instructions**

It is our policy for everyone working with children to complete a background check. This is a routine procedure and involves filling out a form at registration. You will not be allowed to participate in Arrows without a background check. Any person 18 and older who will be on campus during co-op MUST complete a background check and provide photo id. This includes parents or grandparents that may visit during lunchtime. Furthermore, any person desiring to chaperone a field trip must complete a background check. Arrows maintains a position of “full disclosure” — allowing individuals to approach the director privately to discuss matters of importance regarding background checks. In the event that something questionable comes to light, our board will consider each person and each situation individually.

**Please fill out a separate form for each adult.**

**Each background check is \$12, a fee to be covered by the applicant.**

**Non Member Volunteers fees are waived.**

**Please submit this fee separately from enrollment fees.**

**Please mail a check with your form to Arrows CHC**

**4589 Griffin Creek Rd Medford, OR 97501.**

**Background check forms must be submitted no less than TWO WEEKS prior to an adult's participation in Arrows. An adult will not be allowed on campus until the background check results have been received and reviewed.**



# Arrows CHC Background Check Form

## Applicant Information

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Last First M.I.

Address: \_\_\_\_\_  
 Street Address Apartment/Unit #  
 \_\_\_\_\_  
 City State ZIP Code

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

## Other Names Used (Previous 7 years only)

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

## Past Residency

Please provide city and county information for your residence covering a period of TEN (10) years beginning with your most current address.

City	County	State	Zip	From:	To:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Disclaimer and Signature

*The information contained in this application is correct to the best of my knowledge. I hereby authorize Arrows CHC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.*

*I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Arrows CHC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.*

*\*Arrows CHC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.*

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