



## **Background Check Letter & Form: 2016-2017**

May 2016

Dear TKA Parent or Volunteer,

All adult volunteers who will be with our students during TKA sponsored events or activities, a) overnight, and/or b) off campus are required to have a background check on file. Accordingly, if you will be volunteering with our students under one or both of those criteria, we ask that you please submit the "Permission to Obtain a Background Check Form" to the SAO prior to your volunteering. A signed and completed form is required once every two years. Here are a few notes of clarification:

1. The background check is considered valid for two school years, resetting August 1. Anytime during the school year a background check form is completed, it will be valid for that school year and the next. After two years, we will run the check again.
2. If you wish to submit any confidential disclosures and explanations with the background check, please feel free to do so below, or send an email to [Barbara.Schulenburg@tka.org](mailto:Barbara.Schulenburg@tka.org), Operations Assistant, or [Stephanie.Nieves@tka.org](mailto:Stephanie.Nieves@tka.org), Assistant Director of Spiritual Life.
3. Because we also value your privacy,
  - a. the information obtained in the background check is used solely for the purpose of approving volunteer service.
  - b. all communication, written or electronic, including submissions of disclosures, will be kept confidential.
4. TKA reserves the right to refuse volunteer service from anyone for any reason.
5. Approval for service is granted immediately upon the submission of a completed and signed form.
6. Due to administrative processes, volunteers will only be contacted should approval for volunteering be denied or if there is any needed follow up regarding your background check.

If you have any questions, please do not hesitate to contact us.

Disclosures/Explanations:

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# THE KING'S ACADEMY

## Permission to Obtain a Background Check Form: 2016-2017

In the interest of safety and security I, the undersigned applicant (also known as "consumer"), authorize **THE KING'S ACADEMY** through its independent contractor, Sterling Infosystems, to procure background information (also known as a "consumer report and/or investigative consumer report") about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records. I understand that I am entitled to a complete copy of any background information report, of which I am the subject, upon my request to **THE KING'S ACADEMY**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

### Please check one:

- I have provided a **fully completed form** below. Please run my background check.
- I have provided **only my name and email address, with my signature**\*♦ and will complete the Background Check online within 24 hours of receiving email notification.
- I am a **coach** who has already completed LiveScan and only need a driver's history report **with my signature, printed name, Gender, D.O.B., DL #, and State of Issuance below**\*♦✓
- I have previously submitted a Background Check Form. No information has since changed, and I authorize an updated check for the 2016-2017 school year **with my signature and printed name below**\*♦

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

### Identifying Information for Background Information Agency:

♦Print Name: \_\_\_\_\_  
First Middle Last

♦Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

✓Gender \_\_\_\_\_ ✓Date of Birth: \_\_\_\_\_ ✓Driver's License Number: \_\_\_\_\_ ✓State of Issuance: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box

Dates Resided: \_\_\_\_\_ to \_\_\_\_\_  
City State Zip County

Former Address: \_\_\_\_\_  
Street /P. O. Box

Dates Resided: \_\_\_\_\_ to \_\_\_\_\_  
City State Zip County

**\* Please submit this form, to the SAO, attn: Barbara Schulenburg, Operations Assistant**

**NY Applicants Only:** I understand that I may request a copy of any investigative consumer report by contacting STERLING. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency. **California Applicants and Residents:** If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards. I understand that I can access the following website - <http://sterlinginfosystems.com/privacy> - to view STERLING'S privacy practices.

Sterling Infosystems, Inc. | 249 W 17th St. 6th Floor, New York, NY 10011 | 877-424-2457 | or | 5750 West Oaks Boulevard, Ste. 100  
Rocklin, CA 95765 | 800-943-2589 | or | 629 Cedar Creek Grade, Winchester, VA 22601 | 866-266-3444

**For Administrator Use Only**  
Date: \_\_\_\_\_  
Initial: \_\_\_\_\_