



## 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.

<b>LEGAL NAME</b> (First, Middle, Last):		<b>OTHER NAMES &amp; ALIASES</b> (Birth Name, Maiden Name, etc.):	
<b>SOCIAL SECURITY NUMBER:</b>		<b>DATE OF BIRTH:</b>	
<b>EMAIL ADDRESS:</b>			
<b>CURRENT STREET ADDRESS:</b>			
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>DRIVERS LICENSE NUMBER:</b>	<b>DRIVERS LICENSE STATE:</b>	<b>ACADEMY:</b> Great Hearts Lakeside	
<b>VOLUNTEER DUTY:</b>		<b>START DATE:</b>	

### CIRCLE YOUR ANSWER TO THE FOLLOWING QUESTIONS.

<b>ARE YOU A PARENT, GUARDIAN, OR GRANDPARENT OF A CHILD WHO IS ENROLLED IN THE GH TX DISTRICT OR SCHOOL?</b>	YES	NO
<b>IF YES, LIST THE NAME(S) OF STUDENT(S):</b>		
<b>ARE YOU VOLUNTEERING FOR SINGLE OR MULTIPLE EVENTS ON THE SCHOOL CAMPUS?</b>	SINGLE	MULTIPLE
<b>WILL YOU BE ESCORTED/ACCOMPANIED BY A SCHOOL DISTRICT EMPLOYEE WHILE ON OUR SCHOOL CAMPUS?</b>	YES	NO

I, \_\_\_\_\_ have offered to volunteer with Great Hearts America-Texas, or a member school or 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(A photocopy or facsimile copy of this form that show my signature shall be as valid as on original)