



## D146 VOLUNTEER BACKGROUND CHECK AUTHORIZATION FORM

### FIERKE EDUCATION CENTER

(All information provided will remain confidential)

Name: (Please Print)

\_\_\_\_\_  
Last Name First Name Middle Initial

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Male White Month/Day/Year  
Female Black  
Unknown American Indian/Alaskan Native  
Asian or Pacific Islander  
Unknown

Please list your student's name(s) and classroom teacher(s):

\_\_\_\_\_  
\_\_\_\_\_

By signing this form, you are giving permission for School District 146 to do a Background Check. All information is required on the form.

\_\_\_\_\_  
Signature of Volunteer Today's Date

**Please complete and return to the school's main office for processing.**