CORNERSTONE
CHRISTIAN ACADEMY
for Learning & Leadership

AUTHORIZATION FORM FOR CRIMINAL BACKGROUND CHECK This form is to be completed by all applicants serving in any position involving the supervision or custody of minors. It will be used to help the school provide a safe and secure environment for those children who participate in our programs and use our facilities.

Name: First _____ Middle_____ Last _____

Maiden Name (or other names used) _____

Social Security Number _____/_____/_____ Date of Birth _____/_____/_____

Gender: Male Female Phone Number_____

Drivers License Number_____ DL State _____

Email Address _____

Address _____
Street City State Zip

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, please explain and note year of conviction
_____
_____
_____

Have you every participated in, been accused or convicted of, or pled guilty or no contest to any abuse or sexual misconduct? Yes ☐ No ☐ If yes, please explain
_____
_____
_____

Please list your child(ren)'s Names and Grade(s) or reason for volunteering at Cornerstone Christian Academy
_____
_____

I authorize Cornerstone Christian Academy or its authorized personnel to review and/or run my criminal background. This form allows Cornerstone Christian Academy to maintain a current background check. The information in this release form is correct to the best of my knowledge.

Signature_____ Date_____