



# Cloverport Board of Education

301 Poplar Street  
P.O. Box 37  
Cloverport, KY 40111  
Phone 270-788-3910

## Volunteer Confidential Criminal Background Check

Return completed form in sealed envelope with \$10.00

Legal Name: \_\_\_\_\_

Alias (maiden names, nick-names) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: M / F

Driver's License #: \_\_\_\_\_

School(s) where you want to volunteer: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Any warrants for arrest discovered in the process will be reported to the appropriate law enforcement agency. Falsifying or not disclosing information may result in disqualification of your application or termination of your volunteer status.

Date Submitted \_\_\_\_\_

Date Returned \_\_\_\_\_

Approved \_\_\_\_\_