



Type of Position Applied For: ___ Employee ___ Volunteer
School Year: _____ Overnight Trip: Yes No

Background Records Check Authorization

I hereby give my permission for Covenant Christian School to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations. The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Covenant Christian School and each of their officers, directors, employees and agents harmless from and against any and all causes of action, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become an employee or volunteer.

SIGNATURE BELOW INDICATES I HAVE READ AND ACKNOWLEDGED THE ABOVE AND AUTHORIZE THE INDICATED INVESTIGATION.

***** I UNDERSTAND THIS BACKGROUND CHECK WILL BE INITIATED ONLY ONCE THE \$15.00 PROCESSING FEE HAS BEEN PAID.*****

Signature _____

Date _____

NOTE: I am providing the following information voluntarily as required by my child attending CCS.

Last Name

First Name

Middle Name (full)

Maiden Name (if applicable)

* _____

Email Address *Look for an email from Ministry Mobilizer. Ministry Mobilizer is a paperless risk management solution that helps faith-based organizations manage risk and mobilize volunteers for ministry. **We must have your email address to begin background process.**

SEX: (F) ___ (M) ___ D.O.B. ___/___/___ (M/D/Y)

CURRENT ADDRESS: _____

CITY, STATE, AND ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

Student Name(s): _____

Grade(s): _____

Office Use Only

Order ID # _____

Report Created: _____

Payment Received: ___ Check ___ Cash

Package # _____

Report Authorized: _____

Date Received: _____

Date Ordered

Report Approved:

Report Declined:



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DRIVER VERIFICATION FORM

ATTACH A COPY OF VALID DRIVER'S LICENSE AND INSURANCE CARD

This form is to be completed for each driver / private vehicle used for the transportation of school sponsored groups. It is valid only for the school year in which it is filed.

Driver Information:

Driver's Name _____ Date of Birth _____
Address _____ Social Security No. _____
Florida Driver's License: Type _____ Number _____
Cellular Phone Number: _____

Vehicle Information:

Vehicle Make _____ Model _____ Year _____
License Tag# _____ Seatbelts available (not including driver) # _____
Auto Insurance name and Policy Number _____

- A. During the past year, I HAVE NOT pled guilty, paid a fine, or been convicted of one or more of the following:
 - Driving under the influence of alcohol, drugs, or any other substance;
 - Reckless driving or participating in a speed contest;
 - Leaving the scene of an accident or failing to report an accident;
 - Possession of a stolen vehicle or use of a vehicle in a felony;
 - Three (3) or more moving traffic violations.
- B. During the past year, I HAVE NOT had two or more motor vehicle accidents in which I had pled guilty, paid a fine, or been convicted of a moving traffic violation.
- C. I acknowledge and agree that the above information about my driving record and insurance is accurate.
- D. I acknowledge and agree that a more in-depth background check of my driving record may be conducted.
- E. I acknowledge and agree that I HAVE at least \$100,000 bodily injury liability insurance coverage.
- F. I also acknowledge and agree that I am responsible for all loss and damage resulting from the use of my vehicle, and for any bodily injury and/or property damage to others.
- G. I further agree to voluntarily take myself off the Approved Volunteer Driver List if I do not feel qualified to continue driving.

Choose One:

I decline the Driver Verification Form and do not wish to drive for the school

I understand the statements above and verify that the information I have provided is correct.

Signature

Date

CCS requires a \$100,000 Bodily Injury Liability insurance coverage in force on all private vehicles used for the transportation of school sponsored groups on all in-county and out-of-county trips. The groups that may be transported include, but are not limited to, students, coaches, faculty, sponsors, and chaperones

***AUTHORIZATION/VERIFICATION NOT COMPLETE UNTIL ALL REQUIRED PAPERWORK, DOCUMENTATION AND PAYMENT IS RECEIVED.**