



CONFIDENTIAL COMPREHENSIVE  
**BACKGROUND CHECK AUTHORIZATION**  
FOR SCHOOL VOLUNTEERS

**PERSONAL INFORMATION:**

First Name:	Middle Name:	Last Name:
Social Security Number:	Date of Birth:	Driver's License Number:

**CURRENT ADDRESS:**

Street:	Since: (Mo/Yr)	
City:	State:	Zip:

**PREVIOUS ADDRESS:**

Street:	Since: (Mo/Yr)	
City:	State:	Zip:

**ALIAS (AKA):**

First Name:	Middle Name:	Last Name:
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- Another organization within the Southeastern California Conference of SDAs has completed this background check already. Please list: \_\_\_\_\_

**AUTHORIZATION:**

The information contained in this application is correct to the best of my knowledge. I hereby authorize Escondido Adventist Academy and its designated agents and representatives to conduct a comprehensive review of my background verification of social security number, criminal history records from any criminal justice agency and driving records if needed.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

*Volunteer Drivers, please provide the information on the next page...*

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*Office Use Only*

Background Verification Report received on: \_\_\_\_\_ (Date) Order #: \_\_\_\_\_

Cleared     Not Cleared    Verified by: \_\_\_\_\_



## TRANSPORTATION INFORMATION ON VOLUNTEER VEHICLES

### DRIVER INFORMATION:

Name:	Home Phone:
Driver License Number:	Cell Phone:
<input type="checkbox"/> Attach Copy of Driver's License	

### VEHICLE INFORMATION:

Make:	Model:	Year:
License Plate Number:		Number of Passenger Seat Belts:

### INSURANCE INFORMATION:

Insurance Company:	Policy Number:
Insurance Agent:	Phone Number:
Insurance Coverage: <input type="checkbox"/> \$15,000 / \$30,000 / \$5,000    California required minimum <input type="checkbox"/> \$100,000 / \$300,000 / \$50,000    Recommended <input type="checkbox"/> \$250,000 / \$500,000 / \$50,000    Strongly recommended	
Insurance Effective Dates: _____ to _____	
<input type="checkbox"/> Attach Copy of Current Coverage	

### DRIVERS' UNDERSTANDING:

- ◆ The driver's personal auto insurance is "primary" and is **solely** responsible for any damage to the vehicle. (Refer to *NAD Working Policy*, section P 50 26 and X30.)
- ◆ Adventist Risk Management's auto insurance provides coverage on an **excess** basis. It is available after the vehicle owner and driver have filed a claim with their insurance company, the primary insurer. The vehicle owner and driver must go to their insurance company first.
- ◆ All vehicles used for field trips must be in good working order.
- ◆ All drivers must be at least 21 years old.
- ◆ All drivers must have a good driving record.
- ◆ Any child under the age of 6 weighing less than 60 lbs. must be secured in a federally approved child passenger restraint system and ride in the back seat of a vehicle.

Owner's signature indicates and signifies that the information stated above is accurate and that he/she understands the vehicle policy.

\_\_\_\_\_  
Signature of Car Owner / Driver

\_\_\_\_\_  
Date