



LANSING CHRISTIAN CRIMINAL BACKGROUND CHECK FORM

This information is confidential and will be stored in a confidential manner.

Last Name _____

First Name _____

Middle Name _____

Date of Birth (mm/dd/yyyy) _____

Other Last Names Used _____

Driver's License Number and Issuing State _____

- A. Have you ever been convicted of any drug or child abuse related crimes? Yes No
- B. Have you ever been convicted of any crimes related to violence? Yes No
- C. Have you ever been convicted of any major traffic violation, including DUI? Yes No
- D. Have you ever been convicted of ANY misdemeanor or felony crimes? Yes No
- E. Have you ever been charged with a crime for which there has not yet been an acquittal or dismissal? Yes No
- F. Have you ever had a restraining order filed against you? Yes No

If you have answered "Yes" to any question above, complete the following:

Date _____ County _____ State _____

Type of Offense _____

Explanation _____

The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer. By my signature, I authorize Lansing Christian School to check criminal and/or civil records.

Signature _____ Date _____

For Office Use Only

Approved By _____ Date _____

Forwarded To _____ Date _____

Disapproved By _____ Date _____