Volunteer Background Check and Driving Record Check Form

Rudolf Steiner School of Ann Arbor

Thank you for your willingness to serve as a volunteer, chaperone, or driver for RSSAA. We are required by our insurance agency to collect the following information for all adults who will be alone with students in some capacity during official School functions.

Return form to your student's Class Teacher (Lower School) or the Front Office (High School) by: _____

Name (please print):				
	First Name	Middle Name	Last Name	
ormer Name(s):				
Address:				
	Street	City	State	Zip Code
Date of Birth:		Gender:	Race:	
Current Driver's License Number:			Issuing State:	
.ist any criminal con	duct or other incidents or	issues involving you that we oug	to be aware of:	
List any criminal con	duct or other incidents or	issues involving you that we oug	ght to be aware of:	
		issues involving you that we oug		e of:
List any driving relat	ed incidents or issues invo	lving you or your vehicle that we	e ought to be awar	
List any driving relat	ed incidents or issues invo	lving you or your vehicle that we	e ought to be awar	
List any driving relat	ed incidents or issues invo	lving you or your vehicle that we	e ought to be awar	

Sign and date below to confirm that you authorize the School and duly authorized agents to conduct a background check (criminal history) and driving (motor vehicle) history check based on the complete and accurate information provided on this form.

Signature: _____ Date: _____

This form and your driving history and background will be kept confidential and will be stored in a secure and locked area at the School until those records are destroyed. Legal record retention requirements will be followed and a secure shredding method will be utilized for destruction. **03/2014**