



# City View Charter School

## CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes City View Charter School and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

**Please complete all information below and return to the front office with a check for \$7 payable to: City View Charter School**

**Please print.**

**Last Name (s):** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name for Badge: First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

If you are not a parent of an enrolled student, please provide an email address where we can send the approval verification:

**Email:** \_\_\_\_\_

**Applicant's signature:** I have reviewed and completed this form as applicable to me. I give City View Charter School permission to verify any information I have provided and understand that this background check is good for 1 year (365 days) only. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# City View Charter School

A School of Expeditionary Learning  
www.cityviewcharter.org

## **Volunteer Liability Waiver**

In consideration of participating as a volunteer as City View Charter School, I

\_\_\_\_\_, for myself and my personal representatives, assigns, heirs and next of kin, do **HEREBY AGREE TO IDEMNIFY AND SAVE AND HOLD HARMLESS AND RELEASE** from loss, liability, damage and injury that may occur due to my participation as a volunteer at City View Charter School.

I understand that this release of liability, in its entirety, applies to any other children that accompany me while I am on site at the school.

I have read and voluntarily sign this release, waiver and indemnity agreement and further agree that no oral, representatives, statements or inducements apart from the foregoing written agreements have been made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please list additional children, other than enrolled students, who may accompany you while volunteering at City View:

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Age