Victor Valley Seventh-day Adventist School
Where Excellent Education and Core Christian Concepts Meet
17137 Crestview Drive, Victorville, CA 92395 (760) 243-4176 Fax: (760) 245-5606 vvsda.com

COMPREHENSIVE VOLUNTEER

CONFIDENTIAL

Background Check Authorization

Print Name: _____
First Middle Last

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Current Address Since: _____
Mo/Yr Street City State/Zip

Previous Address From: _____
Mo/Yr Street City State/Zip

Alias (AKA): _____
Last First Middle

California Driver's License Number: _____

CHECK ONE ONLY:

$7.00 Volunteer $13.00 Volunteer Driver (Billed to School)

The information contained in this application is correct to the best of my knowledge. I hereby authorize Southeastern California Conference 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

School: _____ Assignment: _____

_____ _____
Principal or Designee Signature (Required) Date

Background Verification Report received on: _____
Date

Cleared Not Cleared

_____
Timothy Rawson, Associate Treasurer

MAIL COMPLETED FORM TO:
Southeastern California Conference
Secretary for Personnel Records
P.O. Box 8050
Riverside, CA 92515

(Copy of this form will be mailed to school when verification has been received.)