

School Name: \_\_\_\_\_

MONTGOMERY PUBLIC SCHOOLS  
OFFICE OF OPERATIONS  
FAX # (334) 269-6158

**2015-2016 SCHOOL YEAR  
VOLUNTEER/CHAPERON  
Background Check Request Form**

This form is to be completed in order for you to volunteer/chaperone on the Montgomery County Board of Education campuses and to attend field trips. Please complete the entire form. Background checks will not be performed on individuals submitting incomplete forms. Please complete one form per volunteer/chaperon, even if you have more than one school or student.

***TYPE OR PRINT LEGIBLY*** \_\_\_\_\_

Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Complete SS#

\_\_\_\_\_  
Date of Birth

**IF YOU FAIL TO ANSWER THE FOLLOWING QUESTION TRUTHFULLY YOU WILL NOT BE ALLOWED TO VOLUNTEER/CHAPERON WITH THE MONTGOMERY PUBLIC SCHOOLS.**

Have you ever been arrested, charged, or convicted OF A CRIMINAL OFFENSE (OTHER THAN A MINOR TRAFFIC OFFENSE)? YES \_\_\_\_\_ NO \_\_\_\_\_ If **yes**, please attach an explanation with details including dates, allegations, and dispositions.

I certify that the above information is true, correct and complete on this form. I hereby give the school system permission to complete a background investigation. This investigation may include such information as criminal or civil convictions and other offenses. Furthermore, I agree to abide by all policies and procedures as delineated in the Montgomery County Board of Education policy manual and to notify MPS if I am charged or convicted of any new violent offense or offense involving children during the 2014-2015 school year.

Information on this form will be used ONLY for purposes of completing the background check. You may not begin to volunteer/chaperon until your background information has been received, evaluated, and the schools(s) have been notified you are cleared to serve as a volunteer/chaperone. Having a criminal history will not automatically prohibit you from serving as a volunteer/chaperon. Please direct any questions about this process to the Montgomery Public Schools Security Chief at (334) 230-0651.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Student: \_\_\_\_\_