

Authorization for Criminal Background Checks Volunteers and Non-staff Chaperones

By signing this authorization, I give the agencies named below permission to request an MDHS Child Abuse/Neglect Central Registry and/or Criminal Background Check. I understand that the information will be used only for purposes of allowing me to volunteer and/or chaperone and will not be disseminated to any other persons or used for any other purpose.

Mississippi Department of Human Services
Division of Family & Children Services
Child Abuse Central Registry
P.O. Box 352 Jackson, MS 39205

Tupelo Public School District
P.O. Box 557
Tupelo, MS 38802

Volunteer Name: _____
(include full name, aliases, nicknames, maiden name)

SSN: _____ Date of birth: _____

Address: _____

Volunteer Signature

Date

FOR OFFICE USE ONLY;

I have witnessed the applicant's signature and the information is true and attested by my viewing the volunteer's driver's license or government issued picture identification. I understand that this information must be kept confidential.

Witness Signature

Date