

Youth Leader Request to be completed during your child's K, 2<sup>nd</sup> and 4<sup>th</sup> Grades. Thank you.

# IMPORTANT

## VOLUNTEER BACKGROUND CHECK

YOUTH LEADER REQUEST  
PURSUANT TO KRS 17.160

\*THERE IS A STATE FEE FOR THE PROCESSING OF THIS FORM OF \$10.00 (PER PERSON) TO BE MADE PAYABLE TO NEW HAVEN ELEMENTARY WHO THEN HAS TO PAY THE STATE THROUGH AN ACCOUNT.

**PARENTS: THIS FORM IS A BACKGROUND CHECK** IT IS REQUIRED THAT ALL PERSONS WANTING TO PARTICIPATE IN ANY SCHOOL ACTIVITY SUCH AS: VOLUNTEERING FOR PTA, CHAPERONING A FIELD TRIP, PARTICIPATING IN TRACK AND FIELD DAY AND OTHER SCHOOL INVOLVEMENT. THIS FORM REQUIRES **YOUR INFORMATION NOT THE STUDENTS!**

IT IS VERY IMPORTANT THAT YOU FILL OUT ALL THE **(GREY AREAS)** OF THIS DOCUMENT COMPLETELY AND SEND IT BACK TO SCHOOL AS SOON AS POSSIBLE. IT CAN TAKE SOME TIME FOR THE STATE TO PROCESS THESE WITH ALL OF THE SCHOOLS IN THE STATE OF KENTUCKY.

THE STATE SHOULD ALSO SEND YOU A COPY OF YOUR BACKGROUND CHECK.

**Organization:** New Haven Elementary  
10854 U.S. Highway 42  
Union, KY 41091

**Contact Person:** Mary Goble

**Phone:** (859) 384-5325

### Information on Individuals Whose Records are Being Checked (PLEASE PRINT CLEARLY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Adult's Name Social Security # Date of Birth

\_\_\_\_\_  
Maiden or Alias Name Address

\_\_\_\_\_  
City, State, ZIP E-Mail Address

\_\_\_\_\_  
Student's Name & Teacher Student's Name & Teacher

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Student's Name & Teacher Student's Name & Teacher

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Adult's Name Social Security # Date of Birth

\_\_\_\_\_  
Maiden or Alias Name Address

\_\_\_\_\_  
City, State, ZIP E-Mail Address

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Student's Name & Teacher Student's Name & Teacher

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Student's Name & Teacher Student's Name & Teacher

\*THIS FORM ALLOWS FOR TWO APPLICANTS.  
COPIES MAY BE MADE FOR ADDITIONAL ADULTS.