

The Schools of McKeel Academy Volunteer Application

Background Screening Request Form

In order to volunteer with The Schools of McKeel Academy, one must complete a Level II, fingerprint-based background check. The Schools of McKeel Academy may conduct a search for an existing background screening result or submit a new background screening request through the Care Provider Background Screening Clearinghouse results website on your behalf.

To complete the search and/or background screening request we must collect the following information. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

Please provide the following information:

*Denotes Required	l Fields,	, please pri	int legibl
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	Demographics
Applicant Information	*Sex:
*First Name:	*Race: (check one)
Middle Name:	Asian,Black, White, American
*Last Name:	Indian/Alaskan Native,Other
*SSN: (XXX-XX-XXXX)	*Hair Color:
*Date of Birth: (mm/dd/yyyy)	*Eye Color:
*Place of Birth: (City, State/Province, Country)	*Height:
(- 4)	*Weight:
Contact Info	rmation
*Mailing Address:	
*City: *State:	: *Zip Code:
*Email:	
*Phone:	
(best number to be reached, include area code)	
Select School(s) Applying to Volunteer:	
McKeel Academy Central McKeel Academ	y of Technology South McKeel Academy
By checking this box, I am confirming I have recei	ved a copy of the Privacy Policy.