



Jackson-Madison County School System

**TBI/FBI Registration Form**

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

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

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

State of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please download, print, and complete the above form.  
Please send it in the mail or hand deliver it to:

Rhonda Heard  
310 North Pkwy  
Jackson TN 38305

**All NEW volunteers must be fingerprinted.**

After JMCSS has received and cleared your background check form, you will receive a call to make an appointment for fingerprinting. The cost of fingerprinting is \$30. If this is a hardship, please contact [kelly@thereadteam.org](mailto:kelly@thereadteam.org), and we will work with you.