

EXHIBIT B

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

(CONFIDENTIAL*)

I authorize the _____ School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency, criminal justice agency, or consumer reporting agency, and use the information only for the purpose of evaluating my application to volunteer in the District.

Full name (*print*): _____

Date of birth: _____

Driver's license number: _____

Mailing address: _____

Sex: ___ Male ___ Female

Ethnicity: ___ Asian/Pacific Islander ___ Black ___ Hispanic ___ Native American
 ___ White ___ Other

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for a volunteer position but will be used solely for the purpose of obtaining criminal history record information.

(Adjust or delete the next sentence to reflect District practice)

I understand that I am responsible for all fees associated with obtaining the criminal history record information.

Signature

Date

*This form will be removed from the application and filed separately in the office of the volunteer coordinator.