



Community Advisor Background Check Form

Student will complete the top lines and give form to the community advisor who has agreed to work with him/her. The advisor should then return the form directly to the District Office. The form is not necessary if the “Waiver for Community Advisor Background Check” is signed. This form should also be used if a student participates in a “Job Shadow” that requires them to be in an unsupervised situation with an adult.

Student Name _____

High School _____ Graduation Year _____

Faculty Contact _____

Community Advisor information

In order for the Bellingham School District to protect its students, the District will perform a criminal background check through Securint, Inc., a firm that provides background checks for industries and non-profit organizations. The following information is needed for the background check and will be held in strictest confidence by the District. This information will not be circulated in any way.

Community Advisor legal name _____

Organization _____

Phone Number for student to use in contacting _____ Ext. _____

Home Street Address _____

City, State, Zip _____

Email Address _____

Community Advisor Date of Birth _____

Community Advisor Social Security Number _____

Community Advisor's Signature

Date

Please return this form in person or mail to: **School Administration Office**
Bellingham Public Schools
1306 Dupont Street
Bellingham, WA 98225