

**BACKGROUND CHECK REQUEST  
PURSUANT TO KRS 17.160**

**CIRCLE WHERE YOU PLAN TO VOLUNTEER:**

(HCS Volunteers only need to complete ONE BCR per year, please circle ALL the schools where you will be volunteering)

G.C. Burkhead	Rineyville	Central Office
Creekside	Vine Grove	CHHS
Heartland	Woodland	JHHS
HoweValley	Lincoln Village	NHHS
Lincoln Trail	Brown Street	BGMS
Lakewood	Day Treatment	EHMS
MeadowView	Mulberry Helm	JTAMS
New Highland	Performing Arts Center	NMS
North Park	Resource Center	WHMS
Radcliff Elementary	HCETV	

**HIGH SCHOOL ACTIVITIES**

(Please circle the high school activities for which you will participate.)

Academics	Football	Drama Club
Basketball-B	General	Swim
Basketball-G	Golf	Tennis
Band	JROTC	Track
Baseball	Soccer-B	Volleyball
Cheerleading	Soccer-G	Wrestling
Cross Country	Mentor	Co-Op
Softball	Project Grad	Choir
Bowling		

Student(s) Name(s) & Grade(s) \_\_\_\_\_

**District Coordinator of Volunteers  
Hardin County Schools  
65 W. A. Jenkins Road  
Elizabethtown, KY 42701  
270-769-8867**

*After completing this request, please return to your School Volunteer Coordinator. We will mail this request to The Administrative Office of the Courts, Frankfort, KY. If you need to know if your request has been approved, contact your School Volunteer Coordinator. If for any reason the request is not approved, you will be notified by mail. This is a requirement for all school volunteers in Kentucky. If you have any questions call 270-769-8867.*

(One Name Per each Form Submitted)

**PLEASE PRINT OR TYPE INFORMATION CLEARLY. ADULT INFORMATION ONLY**

Social Security Number: \_\_\_\_\_

If you are a HCS employee ... list your HCS employee # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

Maiden/or Alias Name: \_\_\_\_\_

Street Address/ P. O. Box: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

**CONFIDENTIAL**