

# VENDOR APPROVAL FORM

School: \_\_\_\_\_

Vendor Name:	_____
Vendor Address:	_____
Phone Number:	_____
Email Address:	_____

Program(s)/Description: \_\_\_\_\_  
\_\_\_\_\_

## Type of Vendor:

- Corporate Vendor
- Independent Contractor – No Relationship with School  
Describe: \_\_\_\_\_
- Independent Contractor – Relationship with School  
Describe: \_\_\_\_\_
- Independent Contractor – teacher/faculty member of school  
Describe: \_\_\_\_\_
- Volunteer

## References:

References: Yes  No

Recommended by: \_\_\_\_\_

- References: \_\_\_\_\_  
 Faculty sponsor program: \_\_\_\_\_  
 Other: \_\_\_\_\_

References Comments: \_\_\_\_\_

## Background Check:

CBI/FBI Background Check: Yes  No

- Provided by Vendor  
 Provided by My Enrichment  
 Provided by School/District

Results: \_\_\_\_\_

Multi- State (SS# Trace): Yes  No

- Provided by Vendor  
 Provided by My Enrichment  
 Provided by School/District  
 Third Party: \_\_\_\_\_

Results: \_\_\_\_\_

District Background Check: Yes  No

Results: \_\_\_\_\_

## Liability Insurance:

Liability Insurance: Yes  No

- Provided by Vendor  
 Provided by School/District

Insurance Provider: \_\_\_\_\_

Insurers Affording Coverage: \_\_\_\_\_

Amount of Liability: \_\_\_\_\_ Amount of Auto: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expire Date: \_\_\_\_\_

I, \_\_\_\_\_ (School principal/director) have approved above vendor to conduct enrichment program(s) at \_\_\_\_\_ (School).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Assigned Room: \_\_\_\_\_

Request: \_\_\_\_\_

Attachments: Proof of Background Check and Liability Insurance.