

VOLUNTEER APPLICATION (page 1 of 2)

(ONE FORM PER PERSON REGARDLESS OF NUMBER OF CHILDREN IN FAMILY)

Name: _____

Address: _____
Street City Zip

Home Phone: _____ Cell: _____ Work: _____

Relationship to school:

- Parent of student(s) Student name(s) _____
- Relative of student(s) Student name(s) _____
- Community member

The District shall conduct a state criminal records check every three (3) years on all volunteers who have contact with students or who have supervisory responsibility for children at a school site or on school-sponsored trips. Such information shall be considered in determining volunteer status.

- The District has conducted a criminal records check for me within the past three years

DOB and SSN are required to conduct the background check. This information will be filed in the district office and will be held in strict confidence.

Date of Birth: ____/____/____ *SSN: ____ - ____ - ____

**Have you ever been convicted or pleaded no contest to any violation of law, other than a minor traffic violation? ____YES ____NO If yes, list date(s), location(s) and charge(s). (include pending charges)

****If your status changes during the three (3) year period it is your responsibility to notify the school. Failure to do so may result in a change in your volunteer status.**

I have reviewed the Code of Ethics for Volunteers, Routine Procedures, and Chaperone Responsibilities for School Related Trips. I agree to abide by the guidelines set forth in these documents and understand that a background check will be conducted on me to ensure the safety of our students.

Signature

Date

Please contact the district office at 764-5431 if you have questions.



VOLUNTEER APPLICATION (page 2 of 2)
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Name: _____

Home Phone: _____ Cell: _____ Work: _____

For which volunteer roles would you like to be considered? (Check all that apply)

- Classroom helper – Teacher(s): _____
- Day field trip chaperone – Teacher(s): _____
- Tutor – please specify subject(s): _____
- Overnight field trip chaperone – Destination: _____

EMERGENCY INFORMATION

Emergency Contact: _____ Relationship _____

Home Phone: _____ Cell: _____ Work: _____

Physician: _____ Phone Number: _____

Hospital: _____ Allergies: _____

***Thank you for taking the time to complete the volunteer application.
The district appreciates your commitment to helping make our schools
great places to learn and grow for all students.***

PLEASE RETURN APPLICATION TO YOUR CHILD’S CLASSROOM TEACHER OR SCHOOL OFFICE

OFFICE USE ONLY

(PLEASE INITIAL)

_____ DATE OF BACKGROUND CHECK

_____ PRINCIPAL _____ SUPT.

_____ APPROVED _____ DENIED