

Instruction

Exhibit - Volunteer Information Form

Only one form needs to be completed by a volunteer each school year. Please print clearly in ink:

Name _____
Last First Middle Telephone

Address _____
Street City Zip code

Personal physician Telephone _____

Emergency adult contact Telephone _____

Are you now or have you ever been a school volunteer? Yes No

If yes, at which school? _____ Year? _____

The name of any child or ward attending this school _____

Criminal Conviction Information: Are you a child sex offender? Yes No

Have you ever been convicted of a felony? Yes No If Yes, list all offenses.

Offense	Date	Location
_____	_____	_____
_____	_____	_____

If requested, are you willing to consent to a criminal history records check? Yes No

Volunteer name (*please print*)

Volunteer signature

Date



For School Use Only

General description of assignment(s):

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with academic programs
- Assisting at the resource center or main office
- Other _____

Name of supervising staff member _____

Child Sex Offender List checked by _____ on _____ (mandatory)

Statewide Sex Offender Database checked by _____ on _____ (mandatory)

To be completed by the Building Principal:

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a criminal history records check would be prudent? Yes No

If "yes," and provided the individual authorized the criminal history records check, please provide the following:

Date that the check was requested _____

Date that the check was received and reviewed _____

Check reviewed by (please print) _____

Signature of reviewer

Date

DATED: November 16, 2006