

VOLUNTEER INFORMATION FORM
Community Relations

Date: _____

School: _____

(*Please note: one volunteer form is needed for each school)

Volunteer Name _____

Residence Phone _____

Student Name _____

Cell Phone or Office Phone _____

Address _____

Emergency Contact Person _____

City, State & Zip Code _____

Emergency Contact Phone _____

Have you volunteered previously? _____ If so, when (year)? _____ Any other name used? _____

Description of Proposed Volunteer Activity: _____

Proposed Sched/Dates: _____

Personal References: _____

Name _____ Phone _____

Name _____ Phone _____

Make, Model, License number and color of car if it is to be parked on school premises:

Have you been convicted of a felony or misdemeanor (within the last two years) which resulted in incarceration?

Yes [] No [] If yes, please describe: _____

IMPORTANT - READ CAREFULLY:

Regulations will require volunteers to submit a certificate as evidence of freedom from tuberculosis, and to be cleared through fingerprint screening. I understand that if I do not clear, I will not be allowed to volunteer. Volunteering is a non-paid status.

I HEREBY CERTIFY all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded at any time. I release from all liability persons and organizations reporting information required by this application. I have received and read the AR/BP4030 - Non Discrimination in Employment.

Signature of applicant _____

Date _____

Site Administrator Authorization _____

Date _____

PERSONNEL USE

() I have received and read the AR/BP4030 - Non Discrimination in Employment.

Initials

Exp TB Date: _____ Billed/PTB/OTB _____

TB Clearance Date: _____ (Risk/Skin/X-ray) Fingerprint Clearance Date: _____

Reference Check/ _____

Additional Comments: _____