

VOLUNTEER BACKGROUND CHECK FORM

ENTIRE FORM MUST BE COMPLETED TO BE PROCESSED

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

ALIAS/MAIDEN NAME _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH (MONTH, DATE, YEAR) _____

MAILING ADDRESS _____

911 ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL # _____

Children's names, grade levels, and homeroom teachers' names:

1) _____

2) _____

3) _____

Circle the grade in which you would prefer to volunteer:

Preschool: AM PM K 1 2 3 4 5 6 7 8 9 10 11 12

Teacher preference(s): _____

Day(s) available: _____

Time(s) available: _____

How often would you like to volunteer? _____ Once a week _____ Twice a week

_____ Other (please specify): _____

Do you work full-time (___) or part-time (___)?

Check the following program(s) for which you are interested in volunteering:

- | | |
|--|--|
| <input type="checkbox"/> Head homeroom mother | <input type="checkbox"/> Other: Please state program _____ |
| <input type="checkbox"/> Art department | <input type="checkbox"/> Health screenings |
| <input type="checkbox"/> Band | <input type="checkbox"/> Library, weekly |
| <input type="checkbox"/> Book Fair (annual event) | <input type="checkbox"/> Chaperoning parties, dances, etc. |
| <input type="checkbox"/> Fund raisers | <input type="checkbox"/> Working on bulletin boards |
| <input type="checkbox"/> Clerical: Typing, filing, etc | <input type="checkbox"/> Reading to children |
| <input type="checkbox"/> DOJO cart | <input type="checkbox"/> Field trip chaperone |
| <input type="checkbox"/> Fall Festival | <input type="checkbox"/> School picture day |
| <input type="checkbox"/> Field Day | <input type="checkbox"/> Tutoring, weekly (grade/21 st Century _____) |

Our policies require that school volunteers who are here on a regularly-scheduled, continuing basis must have a criminal background check. These background checks are kept on file and must be repeated each year. Thank you!