## Miller County Board of Education

## **VOLUNTEER & PARENT/ CRIMINAL HISTORY RELEASE FORM**

chool/Site:	Administrator	
olunteer Name: Last	First	Middle Initial
ome Address:STREET ADDRESS/CITY/STA	TE/710	
olunteer Date of Birth:  MONTH/DAY/YEAR	Race	Male Female
hone: () Agency or	Organization (if applicable):	
re you currently a   Miller County Schools? If yes, please list schools	s and student names:	
this application, I have provided accurate inform aining required for my volunteer position, and I un plunteers in the Miller County Schools. I also und refuse the services offered by any volunteer. A	ation to the best of my ability. I nderstand and will comply with lerstand that Miller County Scho copy of your Driver's License w	have received any the expectations of ools reserves the right
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