

RAMAH NAVAJO SCHOOL BOARD, INC. VOLUNTEER FORM

Volunteer defined: An individual who, without promise or expectation of compensation, but solely for his/her personal purpose or pleasure, provides service(s) in activities carried on by another person either for their pleasure or profit.

- (1) Services must be offered freely and without pressure or coercion.
- (2) The volunteer must not receive or expect any compensation.
- (3) The services must be different from any service that the individual is employed to perform for RNSB.

Requesting Progra	ım:			
Name of Voluntee	r:			
	Address:			
Telephone:			Email:	
	Alternate Phone #:			
SERVICES TO BE):		Dates of Timeframe:	
		APPI	ROVAL:	
Program Director:		Divi	sion Director:	
Background Check Results:		Human Resou	rce Clearance	
Local: State(s): Federal: Sex Offender:		Favorable Unfavorable	Unfavorable	☐ Waiver Request
		Adjudicator Signature:		Date:
		FINAL A	PPROVAL:	
Human Resour	ce Director	Executive	Director/Superintend	lent Date

Revised: 09/15/2025

Questionnaire for Prospective Consultants, Volunteers, reinvestigation & Others

1. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?	YES	NO .				
If "YES", use item 5 to provide the date(s) , explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.						
2. In the last 5 years have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc), hallucinogenic (LSD, PCP, etc), or <u>illegally</u> used prescription drugs?	YES	NO .				
If "YES" use Item 5 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.						
3. In the past 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?	YES	NO 🗆				
If "YES" use item 5 below to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.						
4. Have you ever been arrested for or charged with a crime involving a child?	YES	NO 🖂				
If "YES", use item 5 to provide the date(s) , explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.						
5. Use this space to provide explanations to any questions you may have answered, "YES" on this questions you may have answered, "YES" on this questions	omiane.					
Certification that my Answers are True						
My statements on the form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any question may be grounds for not being considered for volunteer service or consultant work. Initials Date						
I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of volunteer service or consultant work. I understand my right to obtain a copy of any criminal history report made available to the Ramah Navajo School Board, Inc. and my rights to challenge the accuracy and completeness of any information contain in the report.						
Signature Printed Name	Date	- 25				



RAMAH NAVAJO SCHOOL BOARD, INC.

P.O. Box 10 • Pine Hill. New Mexico 87357 • Phone: (505) 775-3256 • Fax: (505) 775-3799

Human Resource

RELEASE AND AUTHORIZATION

I hereby authorize the RAMAH NAVAJO SCHOOL BOARD, INC., to conduct an investigation into my personal background for the purpose of evaluating my qualifications for employment, promotion, reassignment or retention, volunteer, potential RNSB employee, or independent contractor along with the contractor's employees. I acknowledge and agree that RAMAH NAVAJO SCHOOL BOARD, INC., may conduct all or part of such investigation. I also acknowledge and agree that RAMAH NAVAJO SCHOOL BOARD, INC., may obtain information pursuant to such investigation through personal interview and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history, and public record information(e.g. record of civil judgments, convictions, arrests, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses, and transcripts may be relevant to RAMAH NAVAJO SCHOOL BOARD, INC., evaluation of my qualifications and that such inquiry will be made pursuant to such investigation to release and disclose to RAMAH NAVAJO SCHOOL BOARD, INC., I hereby release RAMAH NAVAJO SCHOOL BOARD, INC., and any persons providing information in connection with the above described background investigation.

I have been advised and I understand that I have the right to make a written request to receive information concerning the nature and scope of the above-described background investigation. I further understand this Release and Authorization will be valid through my employment or independent contract agreement and/or services rendered with the RAMAH NAVAJO SCHOOL BOARD, INC., The foregoing is in accordance with my understanding and agreement and my signature on this Release of Authorization confirms my acceptance hereof. Copies of the Release of Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with any one of my choosing including an attorney.

Signature	Print Name		
Date of Birth:	Social Security #:		
Mailing Address:	Physical Address:		
City & State:	City & State:		
Zip:	Zip:		