VOLUNTEER REGULATIONS PLEASE FILL OUT ONE FORM PER BUILDING

| Name of School: | | Name of Student: | |
|--|--|--|---|
| Teacher | | Grade | |
| Volunteers cannot be assigned. Volunteers shall work only unathletic director. Volunteers must abide by an personally support them. Volunteers are not authorized. Volunteers are not to deal dirprincipal or assistant principal. Volunteers shall not receive in poly authorized volunteers and volunteers and volunteers and volunteers shall not treat injuing to discontinue his/her relation. A volunteer shall not drive a principal/athletic director is remained. A volunteer shall not discipling the volunteer shall not discipling the volunteer shall not have active the volunteer shall wear identification. | to assist the school district sed to relieve staff of their render direct supervision of the denforce all school & teamed to make personnel decision to the decision of the de | staff in providing instructional trai sponsibilities. e designated staff, principal, assiregulations and decisions regardons, cuts, etc. and should refer all contacts by a retheir services. et liability insurance. et aid, or prescribe rehabilitation propriate conduct may resurt students. If an exception is necessitation in the services of the servi | ining to students. istant principal or building dless of whether or not they parents to the head coach, programs. ult in the individual being asked cessary, prior approval of the |
| This information is required not be used for any other pu | | Police <u>Internet Criminal His</u> | tory <u>A</u> ccess <u>T</u> ool and <u>will</u> |
| VOLUNTEER NAME (please | print <u>clearly</u>): | st, First | Middle Int. |
| Race: | M / F | Birth date | ::/ |
| Have you ever been convicted | d of a misdemeanor or fe | ony offense: If yes, ex | plain: |
| I certify that the answers given he statements contained in this appl agree that I have an obligation to information provided herein. I he | ication to volunteer, including immediately notify the build | ng conducting a criminal history c | check. I further understand and official of any changes in the |

as a volunteer.

Signature |

Date

employees from any and all actions, causes, claims and demands, for, upon or by reason of any damage, loss or injury, which may be sustained by me, of any nature or kind as a result of this application, the criminal history check, or my activities