

Rising Sun-Ohio County Community Schools Volunteer Approval Form

Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

In case of emergency, contact _____ Phone: _____

Classroom or Activity in which I will Volunteer: _____

Day(s) of Week/Season: _____

Volunteer Statements – Please Initial Indicating Your Understanding

_____ 1. Rising Sun-Ohio County Community Schools appreciates your willingness to become a part of our family. However, I understand that my position can be terminated at anytime for any reason.

_____ 2. I understand that the above information will be used to run a criminal background check at no cost to me.

_____ 3. I agree to keep confidential any student-specific information both academic and behavior that I may learn while volunteering for Rising Sun-Ohio County Community Schools.

Criminal Record

Yes

No

- | | | |
|--|-------|-------|
| 1. Have you ever been convicted of a felony? | _____ | _____ |
| 2. Have you ever been convicted of a misdemeanor other than a minor traffic violation? | _____ | _____ |

If the answer to either question 1 or 2 attach a written explanation and provide court records.

I certify that the information and documentation contained in my application is true and accurate to the best of my knowledge and belief.

Signature of Volunteer _____ Date _____

Background Check Completed _____ Date _____

Approval of Administrator _____ Date _____