

**Series 3000: Operations, Finance, and Property**

**3100 General Operations**

**3105-F Volunteer Service Form**

The Board of Education recognizes and appreciates the generosity and support it receives from volunteers.

**Volunteer Information**

Name: \_\_\_\_\_ (“Volunteer”)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Names of children attending the District, if any: \_\_\_\_\_

*Volunteer must provide a valid form of photo identification (e.g., driver’s license, passport, or state issued identification card).*

Have you previously volunteered for the District?  Yes  No

Have you previously been denied the opportunity to volunteer for the District?  Yes  No

Are you a registered sex offender?  Yes  No

Have you been convicted of a felony?  Yes  No

If yes, please describe the offense(s), date(s), and location(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you the subject of a current criminal or child protective services investigation or do you have pending criminal charges against you?  Yes  No

If yes, please describe the investigation or charges:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested Volunteer Position**

Title/Description: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**Terms & Conditions**

Volunteer agrees to indemnify, defend, and hold harmless the District, its officers, employees, agents, board members, students, and guests from all claims, damages, and liabilities, including attorneys' fees, in any manner arising out of Volunteer's volunteer services. Volunteer is responsible for all injuries or damages to persons or property caused by Volunteer.

If the District approves this request, Volunteer certifies that when serving in the volunteer position he or she will: (i) perform as a volunteer and not as a District employee; (ii) comply with all federal, state, and local laws, rules, and regulations; (iii) comply with any additional requirements or conditions that may be imposed by the Superintendent; and (iv) not use or be under the influence of illegal drugs or alcohol.

Volunteer acknowledges that volunteering for the District is a privilege, not a right. The District's Superintendent or designee may reject a person's request or terminate a Volunteer's assignment at any time for any reason that is not unlawful. Volunteer may also be required to complete a background check at any time and hereby consents to such a background check.

Volunteer confirms that, to the best of his or her knowledge, the information provided within this form is true, complete, and accurate.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>For Internal Use</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Date: _____	
Signature of Superintendent or Designee: _____	
Approval is subject to the following additional requirements:	
_____	
_____	
Volunteer acknowledges and agrees to the additional requirements (if applicable).	
Signature: _____	
Printed Name: _____	Date: _____