



Adult Volunteer Application Scheduling Sheet



EARLY CHILDHOOD

School Year 2016 - 2017

I will be volunteering at the following site(s): ARB CI EB EC FB GC OAK PB PL RL WD WL

I will be volunteering with the following program(s): EC&FE ECSE

CONTACT INFORMATION

Please provide the following information to assist us in scheduling your volunteer time. Your contact information will allow us to place you in volunteer position(s) and to notify you if anything changes with your assignment. Providing your contact information is optional, but if you do not provide it, you will not be able to volunteer. We may share your contact information with school district employees who need the information in order to do their jobs, appropriate people in an emergency, and/or parent group (PTO/PTA/Advisory Committee) representatives as needed by event coordinators. We will also release your information if a court orders its release, or if you authorize the release of information to other agencies.

Last Name _____ First _____ MI _____

Address _____ City/Zip _____

Email address _____
(please print clearly)

Contact me at (_____) _____ home work cell Secondary Number: (_____) _____ home work cell

Medical emergency contact _____ (Name) _____ (Phone Number) _____ (Relationship)

Please check one:

- I am the parent/guardian of current ISD 279 student(s) (Early Childhood through 12th grade).
- I am NOT the parent/guardian of current ISD 279 student(s). NOTE: **Please attach a clear and legible copy of your photo ID**, or present your photo id to school staff for us to copy.

Are you volunteering as a member of an organization? If so, please share the name of your organization: _____ (Optional)

SCHEDULING INFORMATION

Please list school-aged children in this district (Early Childhood through 12th grade):

<u>Name</u>	<u>Grade</u>	<u>Teacher/School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate your availability	Day(s)	Monday	Tuesday	Wednesday	Thursday	Friday	<input type="checkbox"/> At Home Projects
	Time(s) a.m./p.m.						

I agree:

- that any photos taken while participating in an ISD 279 Osseo Area Schools activity may be used in District informational or promotional materials
- to review and support school board POLICY 924 – SCHOOL/COMMUNITY RELATIONS - SCHOOL VOLUNTEERS (http://www.district279.org/images/Dept/SchoolBoard/Policy-Procedures/Policy_924.pdf)
- to hold harmless the ISD 279 Osseo Area Schools for any actions taken by me
- that if I have misrepresented information provided on this application and/or fail to adhere to program guidelines, my application approval may be withdrawn.

Signature _____

Date _____

NOTE: The BACKGROUND DISCLOSURE portion of the volunteer application (attached) MUST be returned to school for your volunteer application to be complete.

Adult Volunteer Application Background Disclosure

EARLY CHILDHOOD
 School Year 2016 - 2017

Volunteer Name (please print):

Last Name _____ First _____ MI _____

This Background Disclosure page of the Adult Volunteer Application is a screening document. It will be reviewed by the volunteer coordinator to determine whether or not a criminal history background check is needed.

If a criminal history background check is needed, you will receive a Background Authorization Investigation Form from your volunteer coordinator. Submission of the Background Authorization Investigation Form is required before a criminal history background check can be run.

This Background Disclosure page, which includes private data, will be stored separate from the Scheduling Sheet (page 1 of the Adult Volunteer Application) in a secured location as designated by the principal or site leader.

This Background Disclosure portion of the Adult Volunteer Application **MUST** be returned to school for your volunteer application to be complete.

Are you a current ISD 279 employee? NO YES

If 'yes':

Employee ID Number: _____

(Sign and return this form with the scheduling sheet of the volunteer application. Do not complete the Consent and Acknowledgement section.)

CONSENT AND ACKNOWLEDGEMENT

If you are not a current ISD 279 employee, you must answer each of the following questions. Refusal to answer these questions will result in denial of approval for you to volunteer at school. Based on responses to these questions and/or the volunteer assignment for which you are considered, District 279 reserves the right to request a criminal history background check (you will be notified if this is the case). The background disclosure section of the adult volunteer application and information contained in it is **PRIVATE and will only be shared with the volunteer coordinator, principal, site leader, Human Resources, and/or people authorized by law to have access as needed.**

Have you ever been convicted of a criminal offense other than a minor traffic violation? NO YES

Have you ever had any adjudicated finding of child abuse filed in your name? NO YES

Does your name appear on any Sex Offender Database in any state or country? NO YES

If your response to any of the above three questions is 'yes', please answer the following questions:

Has ISD 279 run a criminal history background check on you in your capacity as a volunteer in the past? NO YES

If 'YES', please provide approximate date: _____, and has anything changed in your background since the previously run criminal history background check? NO YES

Signature

Date