

# 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 \_\_\_\_\_