The following exhibits may be used in filling volunteer positions in the District:

Exhibit A: Application for Volunteers — 1 page
Exhibit B: Criminal History Record Information Addendum — 1 page
Exhibit C: Approval of Volunteers — 1 page
EXHIBIT A

APPLICATION FOR VOLUNTEERS

1. Name: ____________________________________________
   Address: __________________________________________
   Telephone: _________________________________________
   E-mail: ____________________________________________

2. At which campus(es) are you interested in volunteering?

   (Revise list with campus names)
   ___ District Elementary School
   ___ District Middle School
   ___ District High School

3. What days of the week and times will you typically be available to volunteer?
   Please circle the day or days you are available: M T W Th F
   Please indicate the times you are available between 7:30 a.m. and 4:30 p.m.:
   ____________________________.

4. What kind of volunteer work would you prefer?

   (Revise based on District/campus volunteer opportunities)
   ___ Assist teachers with in-class projects and assignments
   ___ Mentor/tutor students one on one or in small groups
   ___ Read to/with students
   ___ Monitor cafeteria during mealtimes
   ___ Assist with field trips
   ___ Serve on District or campus committees

5. Background and experience:

   Education: __________________________________________
   Special skills: ________________________________________
   Work or other relevant experience: _______________________

   ____________________________________________________
   Signature

   ____________________________________________________
   Date

DATE ISSUED: 7/2/2013
UPDATE 44
GKG(Exhibit)-RRM
EXHIBIT B

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

(CONFIDENTIAL*)

I authorize the ___________________ School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency, criminal justice agency, or consumer reporting agency, and use the information only for the purpose of evaluating my application to volunteer in the District.

Full name (print):________________________________________________________

Date of birth: ____________________

Driver’s license number: ___________________________

Mailing address:__________________________________________________________

Sex:   ___ Male   ___ Female

Ethnicity:   ___ Asian/Pacific Islander   ___ Black   ___ Hispanic   ___ Native American
            ___ White   ___ Other

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for a volunteer position but will be used solely for the purpose of obtaining criminal history record information.

(Adjust or delete the next sentence to reflect District practice)

I understand that I am responsible for all fees associated with obtaining the criminal history record information.

________________________________________________________________________

Signature

________________________________________________________________________

Date

*This form will be removed from the application and filed separately in the office of the volunteer coordinator.
EXHIBIT C

APPROVAL OF VOLUNTEERS

This is to verify that _________________________________ (volunteer’s name) is eligible for assignment as a volunteer. I have provided (him) (her) with an orientation to the procedures of the campus.

Date application received: ________________________________

Date interviewed: ________________________________

Criminal history record reviewed:

☐ Yes, date: __________________________

(Delete any or all list items below if the District will NOT except from the background check requirement)

☐ No, the volunteer falls under the following exception:
  ☐ Parent, guardian, or grandparent of a student enrolled in the District
  ☐ Volunteer accompanied by a District employee while on campus
  ☐ Volunteering for a single event on campus

Comments: _____________________________________________________________

________________________________________________________________________

Assignment: ________________________________

Principal’s Signature

______________________________

Date

Superintendent’s Signature

______________________________

Date