

VOLUNTEER APPLICATION AND CONSENT FORM

It is the policy of the Monticello Board of Education to conduct criminal background checks of individuals seeking to serve as volunteers working directly with students. The Principal will identify activities or events in which volunteers will be utilized and where background checks will be necessary. Such activities include, but are not limited to, working one-on-one alone with students; accompanying students on overnight activities; and supervising students in any other capacity where there is limited oversight by staff.

All information must be provided.

Name _____
(Last) (First) (Middle)

Street Address _____

City _____ State _____ Zip _____

Phone _____
(Home) (Cell Phone)

Sex _____ Date of Birth _____
Month/Day/Year

Maiden/Other Names Used _____

Availability: _____ AM or _____ PM
_____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

Where would you like to volunteer?

_____ Elementary _____ Middle School _____ High School _____ Library _____ Wherever Needed

By signing below, I acknowledge:

All information provided above is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for my subsequent dismissal as a volunteer.

I voluntarily and knowingly authorize any government agency, its officers, employees and agents to release any and all information regarding my criminal history to the Monticello School District, its officers, employees and agents.

I voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless such agency, its officers and agents from any and all claims, liability, demands, causes of action, damages or costs (including attorney fees), present or future, whether known or unknown, anticipated or unanticipated, arising from or incidental to the disclosure or release.

I understand that as a volunteer I am expected to follow the rules of conduct established by the District; I am not entitled to compensation for my service to the District; and that my volunteer service can be ended when no longer needed.

Signature

Date