

USD #261 HAYSVILLE SCHOOL DISTRICT

VOLUNTEER APPLICATION

FULL NAME _____ Birthdate _____ SS# _____

ADDRESS _____ CITY _____ ZIP CODE _____

TELEPHONE (home) _____ (cell) _____ (work) _____

EMAIL ADDRESS _____

OCCUPATION _____ PLACE OF EMPLOYMENT _____

Day(s) of the week you are available to volunteer (please circle) M T W TH F

Approximate hours per week you can volunteer _____

Bilingual No _____ Yes _____ Languages _____

Please indicate the type of volunteer opportunities you prefer.

_____ Fundraiser

_____ Dance Sponsor

_____ Field Trip Supervisor

_____ Office/Clerical Support

_____ Reading Tutor

_____ Serve on School Committee

_____ Other _____

VOLUNTEER AGREEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

As a partnership volunteer, I understand I am offering my services to the Haysville School District without compensation. I hereby release the District of liability and indemnify the District against any loss or damages ensuing while I am on school premises or on school business. **I agree to abide by the program guidelines and understand a background check will be conducted by the District.** I authorize without reservation, any party contacted to furnish information. I release the District and the chosen background screening company from any liability or damages resulting from the release of this information. All information obtained through such a check will be considered confidential and used strictly in determining eligibility for the partnership volunteer program. I will allow a photocopy of this authorization to be as valid as the original for purposes of conducting the necessary investigation. **I further understand that if the results of my criminal history check are unacceptable to the District, I will not be eligible to serve as a volunteer.** I understand that I will have an opportunity to review the report and a procedure is available for clarification, if I dispute the record as received.

The above information is true and correct to the best of my knowledge.

SIGNATURE _____

DATE _____