

USD #261 HAYSVILLE SCHOOL DISTRICT  
**VOLUNTEER APPLICATION**

<b>Last Name</b> _____	<b>First Name</b> _____	<b>Middle Name</b> _____
Other Names Used (Including Maiden Name) _____		
Home Address _____	City _____	State _____ Zip Code _____
Phone Number _____	Email Address _____	
Sex M F	Race _____	Date of Birth _____
Social Security # _____	<b>Applicant must provide a copy of a Government Issued photo I.D.</b>	
Driver's License # _____	State Driver's License was issued in: _____	

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

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

Approximate hours per week you can volunteer \_\_\_\_\_

Bilingual No \_\_\_\_\_ Yes \_\_\_\_\_ Languages \_\_\_\_\_

**Volunteer Opportunities**

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 _____           |                                 |

I understand that information in this form will be used for the purposes of running a background check. I have signed the Authorization and Disclosure form. I understand this is not the Authorization and Disclosure form and that all information obtained from this form, specifically date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval of information.

I certify the information I provided on this form is true and correct.

Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Today's date \_\_\_\_\_

USD #261 HAYSVILLE SCHOOL DISTRICT  
**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 \_\_\_\_\_

*This form is for collection of information needed for a background check and does not need to be uploaded.*

## Volunteer Disclosure and Authorization for Background Check

### Section I: Disclosure

(the "Organization") may request background information about you from a consumer reporting agency in connection with your Volunteering application and for Volunteering purposes. The report ordered is defined by the Fair Credit Reporting Act (FCRA) as a consumer report, and all inquiries are limited to information that affects volunteer performance and the Organization. It is conducted in accordance with applicable federal and state laws including the FCRA. The screening will be conducted by an outside agency - National Screening Bureau LLC - Address 515 N Ridge Rd, Ste 202 Wichita, KS 67212 [Phone: 1-877-263-4405] [Fax: 316-223-1094]. As a result, National Screening Bureau may obtain a consumer report on you as a volunteer or during volunteering.

A Consumer report is a compilation of information that might affect your employability. The scope of the report **may** include information concerning your driving record, civil and criminal court records, credit, drug screening results, worker's compensation records, education, credentials, identity, past addresses, Social Security number, previous employment and personal references. When an Organization relies on a consumer report for an adverse action, the FCRA mandates you be provided with a copy of the consumer report and a summary of your rights. An adverse action is defined as "a denial of an application for volunteering or any other decision for volunteering purpose that adversely affects and current prospective volunteer."

### Section II: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Consent for the procurement of consumer reports form and the summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release if consumer reports and investigative consumer reports prepared by a consumer reporting agency, National Screening Bureau, LLC., to the Organization and its designated representatives and agents. I understand that if the Organization accepts me, my consent will apply, and the Organization may obtain reports, throughout my employment. I also understand that information contained in my job application or otherwise disclosed by me before or during my volunteering, if any, may be used for the purposes of obtaining consumer reports and/or investigative consumer reports. By my signature below, I authorize law enforcement agencies, learning institutions (including public and Private schools and Universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past and present organizations, the military, and other individuals and sources to furnish and all information on me that is requested by the consumer reporting agency. By my signature below, I certify the information provided on this form is true and correct and will be valid for any reports that may be requested by or on behalf of the Organization.

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_