

**FLOWING WELLS SCHOOL DISTRICT
Volunteer Information Form**

Volunteers must be fingerprinted. Authorization to volunteer is provided only after satisfactory fingerprint/background check has been received by the District. Legally allowed exemptions to this fingerprint requirement are Flowing Wells School District students and parents (or legal guardians) volunteering in their own child(ren)'s school(s). Please check with your schools administration for fingerprinting dates provided through Human Resources Office.

Human Resource Office Only			BA _____
School Year _____			Log _____
Flowing Wells School District parent/guardian/student	Yes	No (circle one)	
Date fingerprinted _____	Valid FPC _____	Background check submitted _____	
Date fingerprints cleared _____		Background cleared _____	

Volunteer Full Legal Name _____

****Social Security** _____ **** Date of Birth** _____

Address _____ City _____ Zip code _____

Email _____ Phone number _____

Emergency contact information:

Name _____ Relationship _____ Phone # _____

School site for volunteering _____

If parent or guardian, name of student(s) _____

If a student, school currently attending _____

Do you speak any languages other than English? _____ (If yes, please specify _____)

Related work or volunteer experience _____

Were you referred? _____ If so, by whom? _____

Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? Yes _____ No _____

Are you currently awaiting trial on, or have been convicted of, or admitted in open court pursuant to a plea agreement committing any of the following criminal offenses in this state or similar offenses in another jurisdiction: sexual abuse of a minor; incest; first or second degree murder; kidnapping; arson; sexual assault; sexual exploitation of a minor; felony offenses involving sale, transport, or transportation of, offer to sell, transport, or distribute, or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs, felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs; misdemeanor offenses involving the possession or use of marijuana or dangerous drugs; burglary in the first degree; burglary in the second or third degree; aggravated or armed robbery, robbery; a dangerous crime against children as defined in A.R. S. section 13-604.01; child abuse; sexual conduct with a minor; molestation of a child; voluntary manslaughter; assault or aggravated assault; exploitation of minors involving drug offense? Yes _____ No _____

Volunteer Signature _____ Date _____

It is the policy of Flowing Wells School District not to discriminate on the basis of race, color, religion, gender (including sexual harassment as described in the District's policies concerning sexual harassment), sexual orientation, age, national origin, disability, marital status, political affiliation, or veteran status in its educational programs, activities or employment policies as required by federal law. The District abides by federal laws regarding people with disabilities. If you have a special need, reasonable accommodations will be made in accordance with the American Disabilities Act of 1990. Inquiries regarding compliance with any of the above may be directed to Flowing Wells School District's Human Resources Department; or to the Director of the Office for Civil Rights, U.S. Department of Education, Federal Office Building, 1244 Speer Blvd., Suite 310, Denver, CO 80204-3582.

Approval required - School Administrator Signature: _____ Date: _____

VOLUNTEER RELEASE OF INFORMATION FORM

(Pertains to school volunteers or volunteer coaching positions)

The purpose of this release is to notify you that a consumer report will be compiled in the course of consideration of your volunteer application.

I hereby authorized Flowing Wells Schools to conduct a fingerprinting and background search to gather any and all information, even though confidential or privileged in nature, including criminal conviction history, in order to determine my qualifications and fitness for a position with Flowing Wells Unified Schools.

I hereby release you, your organization and any others concerned from any and all liability as a result of furnishing the requested information.

Applicant Signature _____ Date _____

VOLUNTEER WAIVER OF LIABILITY

Flowing Wells Unified School District does not provide insurance coverage to non-district personnel serving as volunteers for the district. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the district and to document the volunteer's acknowledgement that he/she is providing volunteer service at his/her own risk.

By your signature below you:

1. Acknowledge that Flowing Wells Unified School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to Flowing Wells School District.
2. Agree to assume all risk for death or any loss, injury, illness or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the district. You agree to waive any and all claims against the school district, or its officers, board members, employees, agents, or assigns for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the district.

Printed Name: _____

Signature: _____ Date: _____