



TOGETHER

Volunteer Registration Form

Contact Information

I am a: Parent/Guardian Relative Community Member Student in FPS

Please Circle One: MR. MS. MRS. MISS DR.

Please Print Clearly

Name: _____
LAST FIRST MIDDLE

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Other: () _____

IN CASE OF EMERGENCY, PLEASE CONTACT: _____

Phone: () _____ Relationship: _____

Student(s) Name	School
_____	_____
_____	_____
_____	_____

Relationship to Student(s) if not Parent/Guardian

Areas of Interest & Availability

Please indicate any areas of interest in volunteering and/or dates and times you are available:

Background Information

Have you ever been arrested or convicted of a felony? ____ Yes ____ No

Have you ever been arrested or convicted of a misdemeanor? ____ Yes ____ No

If yes, please explain: _____

NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM VOLUNTEERING. THE APPLICANT NEED NOT DISCLOSE ANY INFORMATION REGARDING CRIMINAL ARREST OR CONVICTION RECORDS THAT HAVE BEEN EXPUNGED OR SEALED. MY SIGNATURE ON THIS FORM PROVIDES THE DISTRICT PERMISSION TO COMPLETE A CRIMINAL HISTORY BACKGROUND CHECK AS DEEMED APPROPRIATE. FOR THE PURPOSE OF THIS CRIMINAL HISTORY CHECK MY BIRTHDATE IS:

____ / ____ / ____
Month Date Year

I UNDERSTAND THAT AS A VOLUNTEER I WILL BE COVERED UNDER THE DISTRICT'S LIABILITY POLICY AND THAT THE DISTRICT CANNOT PROVIDE HEALTH INSURANCE TO COVER ILLNESS OR INJURY RECEIVED AS A RESULT OF MY VOLUNTEER SERVICE.

Signature: _____ Date: _____

Office Use	Received: ____ / ____ / ____	By: _____
	Placement: Building Location: _____	Program: _____