
References:

Name

Phone Number

Name

Phone Number

Criminal Record Check:

Date completed

Date Submitted

I certify that the information given in this form is true and correct and I agree that falsification or omission of information called for may result in my removal as a volunteer. I agree to all school and district policies and procedures. To ensure the safety and well-being of children, I am aware that I may be asked to provide a copy of a Criminal Record check.

Signature

Date

Administrator Approval:

Date Approved:

Last reviewed: October 2016