



MACONAQUAH SCHOOL CORPORATION VOLUNTEER APPLICATION

PLEASE LIST ALL CHILDREN ON ONE FORM.

IT IS NOT NECESSARY TO COMPLETE SEPARATE FORMS FOR EACH CHILD OR BUILDING.

****APPLICATION MUST BE ACCOMPANIED BY VOLUNTEER'S STATE-ISSUED ID
(DRIVER'S LICENSE).**

IF NOT APPLYING IN PERSON, INCLUDE A COPY OF STATE-ISSUED ID WITH THIS FORM.**

SCHOOL YEAR OF
SUBMISSION:*

CHILD(REN)'S
FIRST AND LAST
NAME(S):

PERSONAL INFORMATION

FIRST NAME:*

LAST NAME:*

MIDDLE INITIAL:*

PHONE NUMBER:

OTHER NAME(S)
PREVIOUSLY
USED (IF
APPLICABLE):

STREET
ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

STATE BRIEFLY
WHY YOU'D LIKE
TO BECOME A
SCHOOL
VOLUNTEER:

BY CHECKING THIS BOX I GIVE MY CONSENT TO ALLOW MACONAQUAH
SCHOOL CORPORATION TO RUN A LIMITED CRIMINAL HISTORY REPORT
AND SEX OFFENDERS REGISTRY CHECK, AND PROVIDE THE
FOLLOWING INFORMATION TO COMPLETE THESE REPORTS:

DATE OF BIRTH:*

SEX:*

MALE

FEMALE

RACE:*

AMERICAN INDIAN/ALASKAN

ASIAN/ PACIFIC ISLANDER

BLACK

MULTI-RACIAL

WHITE

LAST 4 OF
SSN:*

STATEMENT OF COMMITMENT

**AS A VOLUNTEER WORKING WITH MACONAQUAH SCHOOL CORPORATION STUDENTS, I
AGREE TO COMPLY WITH THE FOLLOWING DIRECTIVES:**

- AUTHORIZE THE RELEASE OF INFORMATION TO COMPLETE A LIMITED CRIMINAL HISTORY CHECK AND NATIONAL SEX OFFENDERS REGISTRY CHECK.
- ABIDE BY ALL SCHOOL RULES AND MACONAQUAH BOARD OF SCHOOL TRUSTEES POLICIES.
- HONOR THE COMMITMENT TO WORK AS SCHEDULED. IF I MUST BE ABSENT FROM A SCHEDULED COMMITMENT, I WILL NOTIFY THE APPROPRIATE PERSON IN ADVANCE.
- COMMUNICATE REGULARLY WITH SCHOOL PERSONNEL.

PLEASE TYPE
YOUR FULL NAME,
THUS SERVING AS
YOUR SIGNATURE
FOR THIS FORM:*

DATE: