



# Alton Elementary Volunteer Application

RR 72 Box 2181 Alton, MO 65606  
volunteer@alton.k12.mo.us

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *City, State, & Zip Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer & Title (if applicable): \_\_\_\_\_

## VOLUNTEER PREFERENCES

Assist in academic areas:  Math  Science  Social Studies  Reading

Type of Volunteer Work Preferred: (mark all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Assist in Classroom | <input type="checkbox"/> Assist with Positive Behavior Intervention Support (PBIS) | <input type="checkbox"/> Work with Individual Child         |
| <input type="checkbox"/> Clerical Work       | <input type="checkbox"/> Party Helper  | <input type="checkbox"/> Work with Small Groups of Children |
| <input type="checkbox"/> Work in Library     | <input type="checkbox"/> Cafeteria Helper  | <input type="checkbox"/> Assist with Art Show               |
|  |  | <input type="checkbox"/> Other: _____                       |

Preferred Teacher & Grade Level: \_\_\_\_\_

## TIMES AVAILABLE

Regular

Please indicate below the time you can spend in school. Example 9AM-11AM

Monday \_\_\_\_\_ Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_ Friday \_\_\_\_\_

Wednesday \_\_\_\_\_

On-Call (Temporary help to be arranged when needed)

## DISCLAIMER AND SIGNATURE

*To the best of my knowledge, I am in good health and free from any disease which may be communicated to any child whom I might be in contact and have no past record of negative nature that might cause doubt upon the appropriateness of me working with children.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this application to [volunteer@alton.k12.mo.us](mailto:volunteer@alton.k12.mo.us), mail to RR 72 Box 2181, or drop it off at the office.

Please list additional comments and instructions on other side!

# Alton R-IV Schools Release of Information

The Alton R-IV School District is committed to providing a safe environment for students to learn. As part of this effort, the district requires criminal background checks of employees, as well as volunteers, chaperones, and others in positions where they will be left alone with a child in accordance with Policy GBEC. Information received by the district pursuant to a criminal background check is confidential. Except as allowed by law, the district will only use this information for the district's internal purposes. The district will keep this information in a location that is only accessible to persons who need to know the information to carry out their responsibilities with the district.

Registration can be completed in three easy steps!

- Step 1:** Register with FCSR online (<http://health.mo.gov/safety/fcsr/>)  
A one-time registration fee of \$13 applies.
- Step 2:** Complete this "Release of Information" form and return it to the Alton Elementary Office.
- Step 3:** Wait for notification of approval from Alton R-IV.

## PERSONAL INFORMATION

Please Print. Provide registered names used with FCSR.

Last Name: \_\_\_\_\_ Gender:  Male  Female

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: (if applicable) \_\_\_\_\_

Other Names Used (If applicable. Include other last names, other first names, nicknames.)  
\_\_\_\_\_

Date of Birth: (mm/dd/yy) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## CONTACT INFORMATION

Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

## AUTHORIZATION

*I certify that I am registered with the Missouri Department of Health and Senior Services - Family Care Safety Registry (FCSR). I hereby authorize Alton R-IV School District to conduct a check of records to verify background information on the FCSR website. I understand that my social security number will only be utilized to verify background information with the FCSR. I also understand I must inform the Alton R-IV School District if I am subsequently convicted of any criminal offense during my affiliation with the school district and its programs. I understand I will only have to register once with FCSR, however I must contact the Alton Elementary School's office to have a background check run annually. I grant permission for the Alton R-IV School District to conduct a background check on me either by verbal or electronic communication authorized by me.*

*I hereby release and discharge the Alton R-IV School District, its employees, and any individual obtaining information for the Alton R-IV School District, from any liability whatsoever as a result of inquiries or disclosures related to my background check.*

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE ONLY

Date(s) check conducted: \_\_\_\_\_

Initials: \_\_\_\_\_