

**AU GRES-SIMS SCHOOL DISTRICT
VOLUNTEER PROGRAM
REGISTRATION FORM**

Date: ____/____/____

***Building and/or Program:** _____

***Students/s Name:** _____

Our volunteers are important, and we appreciate your interest to volunteer in our schools and programs. Per Board of Education policy, any individual who volunteers in our schools or on any school sponsored activity shall submit to Internet Criminal History Records (ICHAT), Sex Offenders Registry (SOR), and Offender Tracking Information System (OTIS) background checks prior to being allowed to participate in any activity or program. This information, including the results of your background checks, will be kept strictly confidential.

PLEASE PRINT CLEARLY:

***Last Name:** _____

***First Name:** _____

Middle Initial: _____ ***Race:** _____

***Phone Number #** _____

***Sex:** _____ ***Date of Birth:** ____/____/____

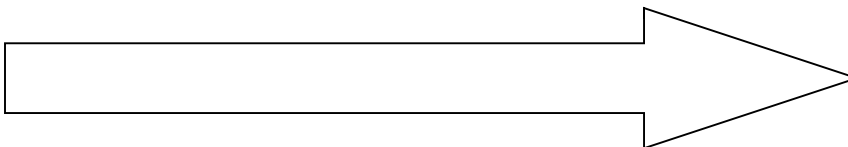
***Driver's License Number:** _____

If married, your maiden name: _____ **Any other name used (alias):** _____

Have you ever been convicted of a crime, excluding minor traffic violations?

NO _____ YES _____ If **YES**, please explain: _____

PLEASE SEE BACK SIDE



WAIVER AND RELEASE

I hereby agree to abide by all Board policies and District guidelines while serving as a volunteer including signing, if appropriate, the District's Network and Internet Access Agreement forms.

I acknowledge that I will be covered under the District's liability policy but the District cannot provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor am I eligible for Worker's Compensation. I hereby release the Au Gres-Sims School District of any obligation should I become ill as a result of my volunteer services and all injuries of any kind or nature I may incur, including permanent disability or death. I further release Au Gres-Sims School District from responsibility for any and all damages following any loss of property.

I agree to indemnify and hold harmless Au Gres-Sims School District, its Board members, superintendent, officers, employees, representatives, agents, and assigns from all manner, action or actions, cause or causes, or suits or any other claims or demands arising from my volunteering, and however the claims may arise, including, but not limited to, travel to and from Au Gres-Sims School District or related activity site and participation at remote sites.

I understand that submission of this form does not guarantee my acceptance as a volunteer by the District.

I certify that the facts contained in this form are true and complete to the best of my knowledge, and if accepted as a volunteer, falsified statements on this form shall be grounds for non-acceptance of my volunteer work.

I hereby authorize investigation of all information contained herein. I recognize that it is my responsibility to notify the volunteer coordinator of any changes to the above information by completing and signing a new Volunteer Registration Form.

_____/_____/_____
***Signature** **Date**

___ Approved Reviewed By _____

___ Not Approved Date _____

Notes: _____
