

ORLEANS SOUTHWEST SUPERVISORY UNION

P.O. Box 338/157 Daniels Rd., Hardwick, Vermont 05843 ♦ (802) 472-6531 ♦ Fax (802) 472-6250 ♦ www.ossu.org

OSSU Volunteer Level One Form

This form is for volunteers who offer to work with our students under staff supervision

Dear prospective volunteer,

Thank you so much for your interest in working with our wonderful students, staff, and families. We greatly value the contribution our volunteers make in the lives of so many in our school communities.

Please complete the 2 forms attached and return to the school office of your choice.

Kindly,

Tess Martin
Human Resources Manager
802-472-2904
tmartin@ossu.org

*Craftsbury Town School District ♦ Hardwick Town School District ♦ Hazen Union School District ♦
Lakeview Union School District ♦ Wolcott Town School District ♦ Woodbury Town School District ♦ Greensboro ♦ Stannard*

Equal Opportunity Employer



Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060

AND

Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

**** This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: LAST FIRST Middle Initial Gender:

Address:

Last four digits of social security number: XXX-XX

Phone number: Birth Date: Place of Birth: City, State, Country

Other FIRST names I have used, if any (i.e. Nicknames, Aliases): (Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): (Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to:

(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date

FORM D



AND

Department of Public Safety
Vermont Crime Information Center

PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION

PLEASE PRINT ALL INFORMATION CLEARLY

FEE: NONE FOR VOLUNTEERS

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

LAST NAME	FIRST NAME	MIDDLE INITIAL
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DATE OF BIRTH (REQUIRED) Month / Day / Year	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER (OPTIONAL)
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MAIDEN/OTHER NAMES: (IF APPLICABLE)

PURPOSE OF REQUEST: (CHECK ONE)	<input type="checkbox"/> PERSONAL REVIEW	<input type="checkbox"/> FOREIGN TRAVEL/IMMIGRATION	<input type="checkbox"/> MILITARY
	<input type="checkbox"/> ADOPTION	<input type="checkbox"/> CIVIL COURT PROCEEDING	<input type="checkbox"/> PARDON
	<input type="checkbox"/> CHILD CUSTODY	<input type="checkbox"/> LICENSING	
	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING	
	<input type="checkbox"/> OTHER: VOLUNTEER		

Thank you so much for your request to work with the wonderful students, staff, and families of Orleans Southwest Supervisory Union. Please print your name and fill in all the boxes above and below. Then please sign below.

VOLUNTEER INFORMATION

Name	Mailing Address		
City	State	Zip	Telephone Number
Signature of Requestor		Date (Mo/Day/Year)	