Hanford Elementary School District
School Volunteer Registration

All school volunteers must complete this registration form to volunteer. Please **PRINT** legibly and complete the **entire** registration. **Use your name as it appears on your photo ID and present it for verification**. A complete application with an original signature must be kept on file.

Ms.
Mrs. Name:_____
Mr. LAST FIRST MI MAIDEN/OTHER

Home Address: _____ Zip: _____
STREET CITY STATE

Home phone:_____ Work Number:_____ Cell:_____

E-mail Address:_____

Business/Organization Represented: _____

Name of School where you will volunteer: _____ School Year_____

Is this the first time you have volunteered in Hanford Elementary Schools? ○ **Yes** ○ **No**

If not, where/when did you volunteer? _____

Do you have a child attending this school? Yes ○ No ○

_____
Child's Full Name Teacher Grade

_____
Child's Full Name Teacher Grade
Please use separate sheet for additional names

Volunteer's Information Below:

Social Security Number
_____-_____-_____

DATE of BIRTH
_____-_____-_____
MONTH DAY YEAR

○ Male ○ Female

Date of DOJ Clearance: _____
Date of TB Clearance:_____
Date of Board Approval:_____
HESD use only

In Case of Emergency, Contact:
_____ Phone #:_____

PLEASE COMPLETE AND SIGN BELOW

Have you ever been **ARRESTED**, **CHARGED, or CONVICTED** with a criminal felony or misdemeanor? Falsification or Omission on this official public document is a criminal offense and can be prosecuted. **YES** ○ **NO** ○
If in the future I am arrested and out on bail for any sex offense, drug-related crime, or crime of violence, and/or convicted for any felony or misdemeanor (other than minor traffic violation), I understand that I must inform the District prior to any further volunteer service being performed.

Do you agree to maintain CONFIDENTIALITY of students' information? **YES** ○ **NO** ○

By signing below, I agree to the rules and regulations of the District's volunteer program and that any product produced while a volunteer shall be the District's property. I will be considered a volunteer only during the time and as requested by the supervising official for each specific volunteer assignment. I understand that all involvement with students, during the volunteer assignment is restricted to the school day, on the school grounds, or at a school-sponsored activity. My signature below certifies that I have reviewed the criminal offense statement and responded truthfully. FALSIFICATION OR OMISSION ON THIS OFFICIAL PUBLIC DOCUMENT IS A CRIMINAL OFFENSE AND CAN BE PROSECUTED, AND MAY CONSTITUTE GROUNDS FOR DISMISSAL. **Completion of a Criminal Background Check must be done prior to consideration for volunteer assignment** (This process is simple but not immediate, so please allow yourself ample time before you would like to begin volunteering.).

_____ _____
VOLUNTEER SIGNATURE **DATE**

State Law requires a TB clearance for anyone working on a regular basis with children.