



# Park Hill School District

Building Successful Futures • Each Student • Every Day

## Volunteer Screening Form

Thank you for making a difference for our students, and thank you for helping us keep our students safe.

All Park Hill School District volunteers must read our rules, sign this form and keep a copy of the rules for reference during your volunteer experience.

I, (please print your name) \_\_\_\_\_, read and agree to follow the rules in the district policy and procedure. I also agree to keep confidential any private information I learn about a student.

By signing below, I understand that the district office will submit my information for a full background check, which will mean the district will receive updates if my screening status changes. I understand that my volunteer status can change at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The district must pay a fee of \$42.75 for each background check, as required by the state. If you would like to donate to help defray this expense, please enclose a check made out to the Park Hill School District for this amount. This donation is not required.**

Please return this form (and your check, if you choose) to the communication services department at the Park Hill School District office, 7703 NW Barry Road, Kansas City, MO 64153. Call Cindy Small at (816) 359-4070 or email her at [Smallc@parkhill.k12.mo.us](mailto:Smallc@parkhill.k12.mo.us) with any questions.

This process can take up to two weeks or longer, depending on the time of year. Please be aware of this when submitting your application in anticipation of volunteering for specific events.

Office Use:

Sexual Offender Registry  Child Abuse or Neglect / Criminal Record  Fingerprint Search



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## Volunteer Rules

1. Volunteers must follow the same dress code applicable to students.
2. Volunteers will not lend money or bring gifts other than stickers and greeting cards to individual students unless authorized by the building principal or designee.
3. Volunteers will not transport students.
4. Volunteers will not photograph or videotape students unless authorized by the building principal or designee.
5. Volunteers will not date students, have sexual relationships with students or arrange to meet students outside the regular school day or during school-sponsored events or activities. The district expects all adult volunteers to maintain the same professional boundaries with students that are expected of staff members, as detailed in policy GBH.
6. Volunteers will not dress students, change diapers, provide personal hygiene assistance, or supply medication to students.
7. Volunteers will use universal precautions to avoid contact with body fluids.
8. Volunteers will receive district policies and procedures on computer use and will sign an authorized user form prior to having access to the district's computers.
9. In accordance with district policy, volunteers will not discriminate against or harass any person and will report all harassment or discrimination observed.
10. Volunteers will not search students or student property.
11. Volunteers will not direct a student to remove an emblem, insignia, or garment, including a religious emblem, insignia or garment. If the volunteer believes a student's clothing is disruptive or promotes disruptive behavior, the volunteer will contact a staff member immediately.
12. Volunteers must sign in and out of the office when entering or leaving the school and must document the hours volunteered in the school.
13. Volunteers must report suspected cases of abuse or neglect to the building principal.
14. Volunteers will follow all the policies, procedures and other rules established in the district and all applicable laws.

# FINGERPRINT INFORMATION

The following information is required to submit fingerprints:

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Alias (maiden) First Name

\_\_\_\_\_

Alias Middle Name

\_\_\_\_\_

Alias Last name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

Apt. Number

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Mobile Phone

\_\_\_\_\_

Email Address

\_\_\_\_\_

Date of Birth

\_\_/\_\_/\_\_\_\_

Gender

\_\_\_\_\_

Height

\_\_\_'\_\_\_"

Weight

\_\_\_\_\_ lbs.

Hair Color

\_\_\_\_\_

Eye Color

\_\_\_\_\_

Race

\_\_\_\_\_

Place of Birth (State)

\_\_\_\_\_

Country of Citizenship

\_\_\_\_\_

Social Security Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_