

# COLUMBIA SCHOOL DISTRICT

## VOLUNTEER APPLICATION/RELEASE FORM

Columbia School District acknowledges and appreciates the services provided to students and staff by its volunteers. The purpose of the application and screening process is to maintain the safest environment for our students to ensure their continued growth and progress.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Area of Interest in Volunteering: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

I have read and agree to the following:

1. I will be volunteering at the invitation of the Principal and teachers.
2. I will adhere to the standards required of the professional staff of Columbia School District, conduct, dress, and safety. I understand that volunteers are held to professional standards for maintaining the confidentiality of students' records. Volunteers shall not be granted access to a student's education record other than directory information.
3. I understand that only approved volunteers will come into the school. I will not bring other adults or children with me when coming to the school to volunteer.
4. I will register at the school office at the beginning of each school visit. Volunteers shall wear a name tag while in the building and engaged in activities.

Why do you have an interest in volunteering at this school: \_\_\_\_\_

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A background check is required for all volunteers who have direct contact with students in school activities. Retired employees are eligible to volunteer in Columbia School District and are exempt from the application and screening process. The purpose of this form is to notify you, in accordance with present federal law, that a background report, including a criminal records check, will be obtained on you in consideration for volunteering in Columbia School District. In consideration with this request, I authorize the release of information about my background to the Columbia School District. This releases the Columbia School District from any liability and responsibility for collecting the above information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: _____, Principal	Action Taken: _____
_____ , Superintendent	Date: _____