# OZARK SCHOOL DISTRICT

*STUDENT Dedicated Every Day,*
*STUDENT Driven In Every Way*

Dear Volunteer,

Thank you for your interest in volunteering with Ozark School District. Many classroom activities would not be possible without our volunteers. Our staff is extremely thankful for the assistance you provide.

Please read through and familiarize yourself with the following Ozark School Board Policies. If you have any questions after reading these policies, please contact the building principal or counselor.

IICC – School Volunteers
JFCF – Bullying (Volunteers are expected to be able to identify and report bullying to the building principal/staff.)
KK – Visitors to District Property/Events
ACA – Title IX

As you begin volunteering, familiarize yourself with all building emergency procedures. Please remember all student information is to be kept confidential.

By signing the Parent Volunteer Form, you acknowledge you have read School Board Policies IICC, JFCF, KK and ACA.

Sincerely,

Dr. Kim Fitzpatrick
Executive Director of Student Services

## PARENT VOLUNTEER FORM

Date _____

☐ HS ☐ FRS ☐ JH ☐ MS ☐ NE ☐ SE ☐ EE ☐ WE ☐ EC

Legal Last Name _____ Legal First Name _____

Phone # _____ Date of Birth (MM/DD/YY) _____ ☐ Male ☐ Female

Address _____
House Number & Street Name City State Zip County

Name of volunteer's student(s) _____

Name of volunteer's student(s) in other Ozark school building(s): _____

_____

Have you ever been convicted or pleaded guilty to a felony or a misdemeanor related to sexual misconduct? ☐ Y ☐ N

If yes, please provide details: _____

Have any findings of probable cause of child abuse by any state agency been entered against you? ☐ Y ☐ N

If yes, please provide details: _____

_____
Signature

Falsification of this document is a misdemeanor.

To be completed by building principal or designee only:

_____ Sexual Offender List Checked (Initials Required)

☐ Denied (Name was on the list)

☐ Approved (Name was not on the list)