

FHSD ANNUAL VOLUNTEER APPLICATION and VIDEO TRAINING ACKNOWLEDGMENT



FULL LEGAL NAME (first middle last): _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

*DATE OF BIRTH: ____/____/____ *SOCIAL SECURITY #: _____

FHSD EMPLOYEES
mark this box

(*NOTE: This information is necessary for FHSD to search for you in the Family Care Safety Registry and MACHS fingerprinting databases.)

By signing this document, I have completed viewing all FHSD Mandatory Training Videos, and I agree to follow all FHSD policies, procedures, and the state law.

SIGNATURE: _____

DATE: _____

LIST ALL STUDENTS BY NAME AND SCHOOL:

I have no FHSD students, but I would love to volunteer!
Please list school(s), activities or groups you are interested in helping:

COLLEGE STUDENTS COMPLETING FIELD WORK/STUDY: list the type of Field Work, your FHSD contact, and dates on campus: _____

FHSD Annual Mandatory Volunteer Training Videos: ** Please initial each line as you view the indicated section. **

- _____ Anti-Bullying
- _____ FERPA
- _____ MUSIC Sexual Misconduct: Staff to Student

Where to find videos: www.fhdschools.org then click under: Get Involved / Volunteer