

Volunteer Application and Background Check Authorization

Personal Data

PLEASE PRINT LEGIBLY

Legal Name: _____
First Middle Last

AKA/Maiden/Formal Name: _____

Birthdate: _____ Phone Number: _____

Address: _____

State: _____ Zip Code: _____

Social Security Number: _____

Position Information:

Volunteer Position (Please describe the volunteer activity you will be participating in:)

Describe any experience or skills that you have relating to this Activity:

Please list at least two references (one reference should be a West Fargo Public School Staff Member) Please include contact information for non-district reference.

1.

2.

General Information

Have you ever been convicted of an offense involving the sexual molestation, physical, or sexual abuse of a child? Yes / No

Have you ever been convicted of a felony? Yes / No

I certify that I have made true, correct, and complete answers and statements on this form. I hereby give the school district permission to complete a background investigation. This investigation may include such information as criminal or civil convictions, personal references, professional references, and other appropriate sources. Furthermore, I agree to abide by all policies, procedures and rules as delineated in the West Fargo Volunteer Handbook. Please refer to the district's Volunteer Procedures for more information.

Signature: _____ Date: _____

Position Information – To be completed by school office

Volunteer Position _____ / _____
Position Building

Administrator Approval _____ Date _____ Risk Level _____