



**Hanford Elementary School District  
School Volunteer Registration**

New Volunteer  
 Previous Volunteer  
 HESD Employee

All school volunteers must complete this registration form to volunteer. Please **PRINT** legibly and complete the **entire** registration. Use your **name as it appears on your photo ID and present it for verification**. A complete application with an original signature must be kept on file. **State Law requires a TB clearance for anyone working on a regular basis with children.**

LAST NAME	FIRST NAME	MI	MAIDEN/AKA'S
STREET ADDRESS	CITY	STATE	ZIP CODE
HOME/CELL PHONE#	WORK PHONE#	EMAIL ADDRESS:	
DRIVER LICENSE#	DATE OF BIRTH:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
BUSINESS/ORG. REPRESENTED:	SCHOOL WHERE YOU WILL VOLUNTEER:	SCHOOL YEAR:	

DO YOU HAVE A CHILD ATTENDING THIS SCHOOL?  YES  NO

IS THIS THE FIRST TIME YOU HAVE VOLUNTEERED IN HANFORD ELEMENTARY SCHOOLS?  YES  NO

IF NOT, WHERE/WHEN DID YOU VOLUNTEER?

STUDENT'S NAME	TEACHER	GRADE	STUDENT'S NAME	TEACHER	GRADE

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_ PHONE# \_\_\_\_\_

**PLEASE COMPLETE AND SIGN BELOW**

Have you ever been **ARRESTED, CHARGED, or CONVICTED** with a criminal felony or misdemeanor?  YES  NO  
 Falsification or Omission on this official public document is a criminal offense and can be prosecuted.  
 If in the future I am arrested and out on bail for any sex offense, drug-related crime, or crime of violence, and/or convicted for any felony or misdemeanor (other than minor traffic violation), I understand that I must inform the District prior to any further volunteer service being performed.

Do you agree to maintain CONFIDENTIALITY of students' information?  YES  NO

**By signing below, I agree to the rules and regulations of the District's volunteer program and that any product produced while a volunteer shall be the District's property. I will be considered a volunteer only during the time and as requested by the supervising official for each specific volunteer assignment. I understand that all involvement with students, during the volunteer assignment is restricted to the school day, on the school grounds, or at a school-sponsored activity. My signature below certifies that I have reviewed the criminal offense statement and responded truthfully. FALSIFICATION OR OMISSION ON THIS OFFICIAL PUBLIC DOCUMENT IS A CRIMINAL OFFENSE AND CAN BE PROSECUTED, AND MAY CONSTITUTE GROUNDS FOR DISMISSAL. Completion of a Criminal Background Check must be done prior to consideration for volunteer assignment.**

<b>VOLUNTEER SIGNATURE</b>	<b>DATE</b>

**NEW VOLUNTEERS ONLY – INFORMATION FOR LIVESCANS**

HEIGHT:	WEIGHT:	EYE COLOR:
HAIR COLOR:	PLACE OF BIRTH:	SOCIAL SS#      -      -

**TO BE COMPLETED BY DISTRICT OFFICE**

TB CLEARANCE:	TB EXPIRES:	DOJ APPROVAL:	BOARD APPROVAL:
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