

# RAPIDES PARISH SCHOOL BOARD

## VOLUNTEER AGREEMENT

On the day of your appointment **you must bring your driver's license or state I.D., along with your social security card, and \$40 (cash only).**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

If you have a child at the school, please list his/her name(s) here: \_\_\_\_\_

Volunteer hereby agrees to furnish the following services (activity and location):

The volunteer acknowledges that he/she will receive no remuneration from Rapides Parish School Board for the performance of these services.

- The volunteer acknowledges he/she will be subjected to a criminal background check as required by statute, and the volunteer consents to the release of all criminal history information to the Rapides Parish School Board by any law enforcement agency. All arrests show up on your background check regardless of the age of the charge(s), if it was expunged, dropped/dismissed, or entered in Pre-Trial Intervention. You may be required to obtain a court disposition for the charge(s) in question, if deemed necessary.
- **The volunteer agrees to be fingerprinted at the Rapides Parish School Board Office. To schedule an appointment, please go to the website, [www.rpsb.us](http://www.rpsb.us) and click on "Careers" in the top right corner, then click "How to Volunteer", then "Schedule a Fingerprinting Appointment", and follow the prompts to schedule an appointment. Fingerprinting is done BY APPOINTMENT ONLY on Mondays, Tuesdays, and Thursdays.**
- The volunteer hereby agrees that he/she understands and will abide by all policies, regulations, and procedures of the Rapides Parish School Board.
- The volunteer agrees that he/she will not abuse any child or student by physical or emotional means or commit any criminal act while engaged in volunteer activities.
- The volunteer agrees not to possess or use alcohol, tobacco, or illegal drugs, or be under the influence of alcohol or any drug while volunteering in any school activity.
- **CONFIDENTIALITY STATEMENT:** I understand that while working, volunteering, and/or visiting any school in the Rapides Parish School System, any information I see and/or hear pertaining to any student is confidential. I acknowledge that names of students and any other information obtained during my time in the school system is not to be released to any other person in any format unless authorized by the appropriate school district personnel. **Any breach of confidentiality is punishable by law.**
- **Please see the RPSB website ([www.rpsb.us](http://www.rpsb.us)) for the Compact Council Privacy Act Statement for fingerprinting. [www.fbi.gov/services/cjis/compact-council/privacy-act-statement](http://www.fbi.gov/services/cjis/compact-council/privacy-act-statement))**
- **I acknowledge that I have read the above statements and understand the procedures regarding my criminal background check, volunteering in the Rapides Parish School District, and I have been informed of the privacy policy for fingerprinting.**

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Director or Assistant Superintendent

\_\_\_\_\_  
Date

ATN#: \_\_\_\_\_

## DEMOGRAPHIC FORM

Please complete each line below.

Position applying or recommended for: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Suffix: (circle one) II III IV V JR. SR.

Alias / Maiden Name or other name(s) used: \_\_\_\_\_

Race (circle one): Asian American Indian Black Unknown White

Sex: Female or Male Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of Birth: (State) \_\_\_\_\_

Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

Hair color (circle one): Bald Black Blonde/Strawberry Brown Gray/Partially Gray  
Red/Auburn Sandy White Other

Eye Color (circle one): Black Blue Brown Gray Green Hazel Multicolored

Weight: \_\_\_\_\_ lbs.

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Physical Address: \_\_\_\_\_

Apartment or Lot #: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Authorization to Disclose Criminal History Records Information

I acknowledge that the above information is true and correct to the best of my knowledge. I further acknowledge that upon signing this form, I authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other state files, or the FBI files (if applicable), which may confirm or deny any eligibility with Rapides Parish School Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date