

Parent Sponsor Information

Sponsor Name: _____ T-Shirt Size: _____

Your student's name: _____

Cell phone number; _____ Is it ok to text: Y or N

Email: _____

Emergency Contact: _____ phone _____

Are you a veteran? _____

What are your favorite snacks and beverages?

Do you have any medical conditions or allergies we need to be made aware of?

Are there any questions or concerns that you have or you want to make sure are answered?

I have read, understand, and am able to meet the supervision requirements, physical demands, and policies of attending Camp Classen as a sponsor.

Signature _____ Date _____

MOORE PUBLIC SCHOOLS

Volunteer Authorization to Release Background Information

In connection with my application for volunteer service with MOORE PUBLIC SCHOOLS, I authorize MOORE PUBLIC SCHOOLS and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that MOORE PUBLIC SCHOOLS may conduct inquiries into my background that may include criminal records, credit report, motor vehicle records, workers compensation records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or a driving history may be obtained.

I authorize without any reservation, any person, agency, or other entity contacted by MOORE PUBLIC SCHOOLS or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.

I release MOORE PUBLIC SCHOOLS, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

PLEASE PRINT (Use Blue or Black Ink)

Requested by: * 421733 COST \$25.00

FULL LEGAL NAME _____ Date of Birth _____

OTHER NAMES USED _____ SS# _____

DRIVERS LIC # _____ STATE ISSUED _____

Name exactly as it appears on Drivers License _____

Please note: If your address is a rural route, or post office box, we must have City & County where mail was delivered

Current Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

SIGNATURE _____ DATE _____

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

Thank You for volunteering at MOORE PUBLIC SCHOOLS !