



General Information

First Name	Middle Initial	Last Name
Current Address		Phone
Permanent Address		Email

I will be a volunteer for the following area(s):

	Coaching – please identify sport or activity _____
	Noon/playground supervisor
	Office – working in a school or at the district office
	Field trip - not under continuous supervision of Fargo Public Schools staff
	Classroom - assisting students under direct supervision of Fargo Public Schools staff
	Library - working in the school library Media Center
	Other -

Are you currently employed? ☐ Yes ☐ No
What time frame would you be available?
Check the levels for which you are applying: ☐ Elementary ☐ Middle ☐ High

Affirmative answers to the following questions will not necessarily disqualify an applicant from the position applied for but should be accompanied by a letter of explanation.	No	Yes
Have you ever had a teaching license revoked or suspended?		
Have you ever been convicted of a felony?		
Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse of a child?		
Have you ever been listed on the North Dakota Child Abuse and Neglect Index?		
Have you ever been investigated, accepted a plea agreement, or been convicted of a crime against children?		

Signature of Applicant _____ **Date** _____

Please complete this application and the background check form and return to Human Resources.

FARGO PUBLIC SCHOOLS
VOLUNTEERS
BACKGROUND CHECKS

RETURN TO HUMAN RESOURCES FOR PROCESSING

COPY OF DRIVER LICENSE REQUESTED

I understand that investigative background inquiries are to be made by the Fargo Public Schools. When applicable, I understand that you will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities to my current driving record, social security information, and criminal history.

First Name: _____ M.I. _____ Last Name: _____

Maiden, alias or former name: _____

Social Security Number _____ **Date of Birth:** ____/____/____

Current Address: _____

City: _____ State: _____ Zip: _____ County: _____

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Current volunteer position seeking

_____	_____	_____
Position	Building & Department	Start Date

Have you ever worked or volunteered for the Fargo Public Schools: _____ (yes / no)

If yes, indicate building/ and dates: _____

I authorize, without any reservations, any party or agency contacted to furnish the afore-mentioned information. With regard to the following disclosures, I hereby agree to release any person, company, governmental agency or other entity from any and all causes of action that otherwise might arise from supplying the information it may request.

Signature of application _____ Date: _____

BUILDING REQUESTING VOLUNTEER

SIGNATURE OF PRINCIPAL/ SCHOOL REQUESTING

APPROVAL DATE: _____

(Must be signed by building requesting)