Volunteer Application

Print Form

Human Resources Department
Mat-Su Borough School District
501 N. Gulkana St.
Palmer, AK 99645
P: (907) 761-4357 ext. 3 | F: (907) 761-4088

Special Instructions: In accordance with AR1240, the Matanuska-Susitna Borough School District reserves the right to run your name through the State of Alaska Sex Offender database. All volunteers must print their legal name and aliases on this form and agree to be checked in the Sex Offender database, prior to beginning as an active volunteer, annually. By signing below, I understand that *all* student information to which I have access as a school volunteer is confidential. Such information might include health information in written, oral, or electronic form. I agree not to discuss any confidential information, including but not limited to any descriptions of situations as well as names of students. I also understand that even when I am no longer a volunteer for the MSBSD, confidential information I have learned as a volunteer must continue to be kept confidential.

Personal Information:

Last Name | First Name | M.I. | DOB

Aliases | Gender ☐ Male ☐ Female

Contact Information:

Physical Address

Mailing Address

Home Phone | Cell Phone | Work Phone

Student Information: List any associated students' names, schools in attendance, and relationship to student(s).

Student Name	School	Relationship to Student

Legal Information:

Have you ever received a Protective Order? ☐ No ☐ Yes *If Yes, explain below, including relevant dates.*

Have you ever been convicted of a misdemeanor? ☐ No ☐ Yes *If Yes, explain below, including relevant dates.*

Have you ever been convicted of a felony? ☐ No ☐ Yes *If Yes, explain below, including relevant dates.*

_____ shall defend, indemnify, and hold the Matanuska-Susitna Borough School District, its officers, employees, and agents harmless against any and all liability, loss, expense (including reasonable attorney's fees), or claims for injury or damage arising out of or connected with _____ at _____.

Volunteer's Name *Volunteer Activity* *School*

Office Use Only:

Date

☐ ID Checked ☐ Sex Offender Registry Checked

Checked By

_____
Volunteer Signature Date