



VOLUNTEER REGISTRATION

Legal Name: _____ M F
Last First MI

All Previous Names (maiden, previous married names, etc.) _____

Date of Birth _____ I am a middle or high school student

Address: _____
Street or Box Number

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Do you have students enrolled in White River?

Student Name: _____ School: _____ Grade: _____
_____ School: _____ Grade: _____

Volunteering one event only - Date and Event Name: _____

My interests:

School(s) in which I want to volunteer: _____

- Classroom or office volunteer
- Special Population _____
- Foreign Language _____
- District-wide Committee _____
- Other _____

I understand that a State Criminal History Background Clearance is required and that my service as a volunteer in the public school system depends on approval. I release the White River School District from any liability as a result of receiving any information.

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Have you ever had findings made against you in any civil adjudicative proceeding: YES NO

If yes, explain: _____

Were both a conviction and findings made against you? YES NO

If yes, explain: _____

I have received a copy of the Volunteer Guidelines
I need a new Volunteer ID Badge Yes No (badge not required for one-day-only events)
(Mark Yes if you are a new volunteer or need a replacement badge; Mark No if you already have one)

Signature _____ Date _____