

Received date _____

Cambridge City Schools
Volunteer Application

Full Name: _____

Present Address: _____

School (s) Volunteering For: _____

Home Phone: _____ Work Phone: _____

1. Have you been fingerprinted within the last year? _____ If you answer yes, please provide a copy.
2. **You will be given 30 days to provide fingerprints after we receive your application. If we do not have fingerprints on file after the 30 days your application will be rescinded at the following Board meeting.**
3. Name, address, and telephone number of one (1) personal reference – **no relatives**. You may list the building principal or a district employee as your reference.

SELF-DISCLOSURE SECTION

4. Have you ever been charged or convicted of any of the following? **Please place an "X" on the appropriate line when response is yes.**

- _____ Any license or certificate suspended or revoked?
- _____ Child abuse, sexual misconduct with a minor or adult?
- _____ Drug related violation?
- _____ Any other criminal violation?

If you have answered "Yes" to any of the above questions, please give full details. Use additional paper if needed.

STATEMENT OF VERIFICATION

I affirm that the information given above is true, complete, and correct. I understand and agree that a complete background investigation, including law enforcement agencies, may be conducted with respect to me, and that this information may be verified by contact persons and organizations with whom I have had contact. I hereby release and agree to hold harmless from liability any person or organization that provides such information. I also agree to release and hold harmless the Cambridge City School District, their officers, employees, agents, and volunteers

Applicant's Signature: _____

Date: _____

Recommending School Official: _____