Jordan School District
Human Resources

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June LeMaster, Ph.D., Administrator, Human Resources

VOLUNTEER INFORMATION FORM

Name: _____ ___ _____ **Date:** _____
First MI Last

Address: _____ _____ ____ _____
Street City State Zip

Telephone: (___)_____-_____ (___)_____-_____ (___)_____-_____
Home Work Cell

School You Will Volunteer at: _____

Do you have children or relatives who attend the school where you will be volunteering? Yes ☐ No ☐
If yes, will you be volunteering only in the classroom of your child/relative? Yes ☐ No ☐

CHECK THE VOLUNTEER POSITION(S) YOU WILL BE ASSISTING IN:

☐ **Classroom**	☐ **Office**	☐ **Playground**	☐ **Other**
☐ **Media Center**	☐ **Assistant Coach**	☐ **Computer Center**	_____

Please mark the correct answer to the questions below:

Have you ever:

a. been convicted of a violation of law other than a minor traffic violation?..... Yes ☐ No ☐

b. pleaded guilty and had your guilty plea held in abeyance in a criminal proceeding?..... Yes ☐ No ☐

c. been placed on probation in conjunction with a criminal charge or conviction?..... Yes ☐ No ☐
If you have answered yes to any of the above, provide a statement explaining the circumstances.

Are any criminal charges or proceedings pending against you?..... Yes ☐ No ☐
If you have answered yes, provide a statement explaining the circumstances.

AGREEMENT

I certify that the answers given are true and correct to the best of my knowledge. I authorize Jordan School District to make such investigations and inquiries of my personal employment, and other related matters, as may be necessary in arriving at a decision. In accordance with Utah State law, Jordan School District may conduct a criminal background check, and I hereby waive my rights to further written notice of such.

In the event of acceptance of this document, I understand that false or misleading information I give on this document or in interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Jordan School District.

_____ _____
Signature of Volunteer Date

PLEASE NOTE: THIS VOLUNTEER APPLICATION MUST BE RENEWED ANNUALLY

Under my direction, the above listed volunteer will have "Unsupervised" access to students within my school. I am requesting this volunteer complete a background check with Human Resources. This volunteer will not be given unsupervised access to students until I verify completion from HR.

_____ _____
Principal Signature **Date**