STILLWATER BOARD OF EDUCATION

EEI-E2

VOLUNTEER APPLICATION FORM

The responsibility Stillwater Public Schools has to its students, program participants, and community necessitates the following information from all applicants. The information on this form will be kept confidential. All volunteers are required to complete this application.

Confidentiality, as described below, is required of all individuals who are interested in volunteering to work with students, parents, teachers, and administrators at any Stillwater Public Schools site.

Personal and educational information regarding students, parents, staff or volunteers is confidential. Any information acquired through volunteering regarding student academic, behavioral, or health/medical information, telephone contacts and other student, family, volunteer, or Stillwater Public Schools employee information must NEVER be communicated beyond the scope of district professional personnel, and governmental child welfare and law enforcement personnel who are required to access such information to work with students or staff.

Any infringement will be considered a violation of rules and may lead to immediate discontinuance of the volunteer relationship with Stillwater Public Schools.

Please Print Clearly

| Name: | | | | |
|----------------------------------|---------|------------|-------|-----|
| Last | First | Middle | | |
| Social Security Number: | | | | |
| Address: | | | | |
| Street | City | | State | Zip |
| Number of Years at This Address: | Pho | ne Number: | | |
| Date of Birth: / / | Gender: | | | |

State Issued Photo Identification

A photocopy of a current state issued identification card or driver's license must be submitted as part of this volunteer application form.

Applicant understands that the Stillwater Public Schools' personal background review and, if necessary, receipt of a clear background check, is a condition of volunteering with the district. Because applicant desires to volunteer with the district, applicant authorizes Stillwater Public Schools to request and obtain the results of a felony record search of applicant's name, social security number, and any other lawful means of obtaining such results. Applicant hereby releases applicant's felony record search results to the district. Applicant also agrees to truthfully answer the following questions:

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VOLUNTEER APPLICATION FORM (Cont.) Have you ever: Yes No Entered a plea of guilty or nolo contendere to a state (any state) or federal felony charge? (This question includes criminal cases involving a "deferred sentence," "deferred judgment," and any "expunged records.") 2. Been convicted of a state (any state) or federal felong offense? Been charged with a state (any state) or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? (This question includes criminal cases involving a "deferred sentence," "deferred judgment," and any "expunged records.") Entered a plea of guilty or nolo contendere to, or been convicted of, a state (any state) or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity? (This question includes criminal cases involving a "deferred sentence," "deferred judgment," and any "expunged records.") Entered into a deferred prosecution agreement with a state (any state) or federal 5. prosecutor? I have read, understand, and will comply with the above. I understand that any misrepresentation on this statement will result in immediate disqualification for any volunteer service within Stillwater Public Schools. I understand Stillwater Public Schools reserves the right to deny my application to serve as a volunteer and to terminate my participation as a volunteer at any time. I hereby release the district, its board, and its agents, as well as any providers of information, from any liability related to its request for, receipt of, and use of the search results. I volunteer to serve in a capacity approved by the principal as identified in Board of Education Policy EEI - School Volunteers. Signature of Volunteer Please return this form signed and completed to the principal's office at the school site to which you are applying to volunteer. FOR PRINCIPAL USE ONLY In what program will this volunteer serve? (i.e.: reader, lunch/recess supervision, classroom help, School Dads, etc. Dates of volunteer service? ____/___ to ___/____

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[PRINCIPAL, SEND THIS COMPLETED FORM TO CO RECEPTIONIST]

Date

Will this volunteer work directly with students without the immediate supervision of a district employee?

_____ Yes _____ No

Principal's Signature

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| Application Received in Human Resources (Date) | : | |
|--|------------------------------------|------------------------------|
| Complete Background Check (Date): | | Approved: |
| | | |
| Signature, Director of Human Resources The Human Resources Department will provide solunteer application once completed and reviews | Date the principal whose signature | is affixed with a copy of th |
| olunteer application once completed and reviewe | a. | |
| ALL PHOTO | O COPIES SHOULD BE AT 125 | % |
| ALLTHOR | O COLLES SHOULD BE AT 123 | 70 |
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CONSUMER AUTHORIZATION AND RELEASE

In connection with Stillwater Public Schools considering me for employment, continued employment, promotion or reassignment, I authorize Stillwater Public Schools and/or its agent to obtain a consumer report, criminal report, or motor vehicle records which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. A public record check may include, but is not limited to, a criminal or felony background check, a search of the Oklahoma Sex Offender Registry and the Mary Rippy Violent Crime Offender Registry. When requested by an employer, motor vehicle records or a driving history may be obtained.

I authorize, without reservation, any person or entity contacted by Stillwater Public Schools or its agent to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release Stillwater Public Schools, its affiliated companies, their officers, employees and agents, their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed. By my execution hereof I acknowledge I have been provided with a separate Consumer Authorization and Release advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT

LEGAL NAME

| First | Middle | Last | Maiden | | | |
|--|---------------------------|------------------------|----------------------------------|--|--|--|
| DOB*/ | SOCIAL SECURI | SOCIAL SECURITY NUMBER | | | | |
| DRIVER'S LICENSE NUMBER | | STATE ISSUED | | | | |
| OTHER NAMES USED | | | | | | |
| EMAIL | | | | | | |
| CURRENT ADDRESS | | | | | | |
| CITY | STATE | ZIP | HOW LONG? | | | |
| LIST ALL CITY/STATES RESIDED I | N SINCE AGE 18 AND HOW LC | ong in each city/st | TATE: | | | |
| PREVIOUS ADDRESS | | | | | | |
| CITY | STATE | ZIP | HOW LONG? | | | |
| PREVIOUS ADDRESS | | | | | | |
| CITY | STATE | ZIP | HOW LONG? | | | |
| * "Date of Birth" (DOB) or "Ag checks and will not be consider | | | ification in doing backgrou | | | |
| You have the right, upon written r requested and a written summary | | | e and scope of the investigation | | | |
| SIGNATURE | | | DATE// | | | |

Revised: 6/13/18