

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: _____ Phone 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:

VOLUNTEER APPLICATION FORM (Cont.)

FOR DISTRICT USE ONLY

Application Received in Human Resources (Date): _____

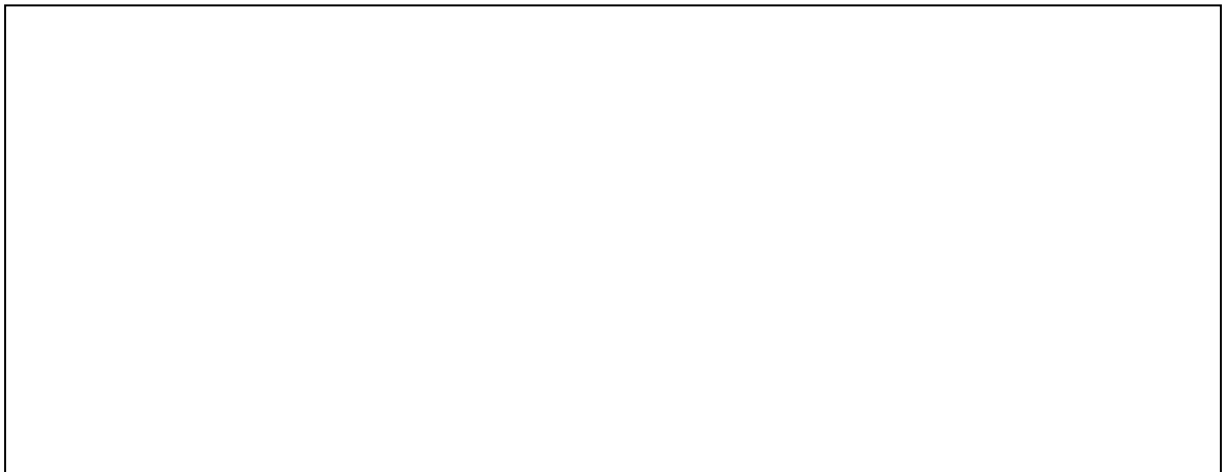
Complete Background Check (Date): _____ Not Approved: _____ Approved: _____

Signature, Director of Human Resources

Date

The Human Resources Department will provide the principal whose signature is affixed with a copy of the volunteer application once completed and reviewed.

ALL PHOTO COPIES SHOULD BE AT 125%



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 SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

OTHER NAMES USED _____

EMAIL _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOW LONG? _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOW LONG? _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOW LONG? _____

*** "Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.**

You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

SIGNATURE _____ DATE ____/____/_____