

Keene Adventist Elementary School

Volunteer Information Form

Items needed to volunteer at KAES

1. ____ Required Course on Verified Volunteer Website
2. ____ Background Screening on Verified Volunteer Website
3. ____ Copy of Driver's License
4. ____ Volunteer Form

Please complete all items and turn in to the school office together.

Name _____ Date of Birth _____

Church Membership _____ Email Address _____

Home Address _____

Home Phone _____ Cell Phone _____

Work Phone _____

Drivers License # _____ State _____ Expiration Date _____

Name of Emergency Contact & Relationship _____ Phone _____

List any injury/disability/health factor that might limit your involvement in activities, or impact the health of children (i.e., communicable diseases, physical limitations).

List certification(s)/license(s) held that may reflect on your skills and abilities in working with children or as a volunteer.

As a result of our concern for the safety and protection of children and youth, we require all potential volunteers to 1) complete and return this volunteer information form, 2) consent to a voluntary criminal record check, and 3) read & agree to follow the Guidelines for Volunteers.

1. Have you ever been convicted of a felony? ____ Yes ____ No

2. Have you been denied legal custody of your children in any legal proceedings, including divorce decrees or settlements? ____ Yes ____ No

3. Have you ever been accused of, charged with, disciplined for, or convicted of any unlawful sexual conduct, abuse, child neglect, and/or child sexual abuse? ____ Yes ____ No

4. Have you been required to register as a sex offender in any jurisdiction? ____ Yes ____ No

If you answered yes please supply the date, place, type of conduct, disposition, and sentence as applicable. _____

The information contained in this form is current to the best of my knowledge. I understand that this is strictly a volunteer position, and I expect no remuneration for services and time volunteered. I hereby release any individual, church, or organization from any and all liability for damages which may result to me, my heirs, or family for compliance with this authorization, and agree that the school may maintain this information. My signature on this form confirms my understanding and agreement that: In the event that allegations of criminal or sexual misconduct arise regarding my conduct while I serve in a volunteer capacity, the school will fully cooperate with any investigation. I further state that I have carefully read the foregoing release and understand the contents thereof, and that I sign this release as my own free act. This is a legally binding agreement, which I have read and understand. I give my consent for a voluntary criminal record check.

APPLICANT'S SIGNATURE _____ DATE _____