

**MSAD 6
SCHOOL VOLUNTEER REGISTRATION FORM**

Please attach a copy of your current driving license or a Maine State Identification.

Legal Name: _____ Other Names Used : _____
Date of Birth (mo/day/year): _____ Home Phone: _____
Address: _____ Work Phone: _____
E-Mail Address: _____ Cell Phone: _____

Do you have a child or grandchild attending school in the District? Yes No
Child's Name: _____
If yes, what grade: _____ and school _____

Have you already been approved to volunteer in any other MSAD 6 school? Yes No.
If yes, when: _____.

The MSAD 6 School Board and Administration requires that everyone volunteering in any of the MSAD 6 schools reads and signs this Volunteer Registration Form. A volunteer further enhances the educational opportunities and experiences of the children within the school district. The volunteer program is an integral part of the school community requiring dependability and cooperation on the part of the volunteer.

Final approval to be a volunteer at MSAD 6 will require an online criminal background check and/or Criminal History Record Check (CHRC) and fingerprinting.

In accordance with district policy and in order to ensure the safety of students, we need to have the following questions answered:

- 1. Have you ever been charged with or investigated for sexual abuse or sexual harassment?
 Yes No

- 2. Have you ever been convicted of a crime, other than a minor traffic offense, or entered pleas of guilty or "no contest" (nolo contendere), or has any court ever deferred proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense?
 Yes No

If you answered "yes" to either of the previous questions, please explain in detail on a separate sheet of paper. Note: Criminal charges, investigations, arrests or conviction of a crime or misdemeanor are not necessarily bars to volunteer service. All information will be treated confidentially.

I understand that I have an obligation to maintain the highest level of ethical conduct and am aware of the need for confidentiality in regard to any school/child related information and recognize that activities will be directed at all times by the classroom teacher and/or MSAD 6 staff in accordance with all the established educational policies and objectives. I agree to fulfill my obligations as a school volunteer and to adhere to the district's policies. My signature below gives authorization to check my references, employment history, and criminal history. It also authorizes the release of information by any state, local or federal agency.

Signature: _____ Date: _____

(Please complete both sides of this form)

Do you have any special experiences or interests you think could be shared with the school staff?
 Examples include the willingness to host students at your place of employment, professional experiences, foreign travel, special interests, hobbies, etc.

Please circle days and times which you are available to volunteer:

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

- Regular time each week
 Regular time every *other* week
 Work from home
 Occasional assistance
 Chair/co-chair an event or project

Please check all the activities that you might be interested in: (requires a weekly or bi-weekly commitment)

- Art Room Assistant
 Music Assistance
 Clerical
 Mentoring a Student
 Classroom Assistance (Occasional)
 Library
 Computer Lab/Keyboard Skills
 Work With Clubs
 Homework Help

MSAD 6

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Effective: March 16, 2015