School City of Hobart's Volunteer Application 2007-2008

(Complete BOTH Sides and Return to Your Child's School)

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Legal Name:	Last	First	MI Suffix	Special professional training, skills, hobbies:	····	
•	James or Aliases:	1 1131	Cumx	Operation of the state of the s		
Address:				Community affiliations (Clubs, Service Organization	ons, etc.):	
Telephone:		Cell:				
City:		State:			en:	
County you cu	rrently live in:					
RaceAme	r.Indian/AlaskAsian/Pacific	: BlackMultiRacial	WhiteHispanic			
Email:						
Date of Birth:				Special Certification (i.e. CPR, Medical, etc.):		
	(mm / dd / yyyy)			Have you ever been convicted of a felony?	YES	NO
Occupation:				If yes, provide your current legal status (parole, et	c.)	
Employer:				Have you ever been convicted of any crime involv	ing or against a minor?	
Address:					YES	NO
Do you have a	valid driver's license? se#:	YES	NO	Have you ever pleaded guilty to or been arrested and/or If yes , explain including date and court of conviction:	convicted of any other typ	e of crime? NO
I have childre	n at the following school(s):					
GEJM LERVHMS HHS				Have you ever been refused participation in any youth programs?		
Name(s) of ch	nild(ren):			If yes, explain:	YES	NO
I would like to be considered as a volunteer for the following events or areas:						
*Only one application is necessary if you have children at multiple schools in Hobart.						

School City of Hobart

Volunteer Application

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relationship if I have made any false statements or material misrepresentations, written check on me including state/local criminal history records and state sex offender regis	complete to the fullest extent of my knowledge. If I am accepted as a volunteer, the School City of Hobart may end the or verbal. As a condition of volunteering, I hereby grant permission to the School City of Hobart to conduct a backgrountry. I understand and agree that, if called upon, my volunteerism is conditional upon the School City of Hobart receiving restromal liability the School City of Hobart and/or any other person or organization that may provide such information.
I also understand that, regardless of previous appointments, the School City of Hobart is	not obligated to appoint me to a volunteer position.
Applicant Signature	
Applicant Name (Print or Type):	
NOTE: The School City of Hobart will not discriminate against any person on the basis of	race, creed, color, national origin, marital status, gender, sexual orientation or disability.
For School City of Hobart Use Only. Please print the name of the individual	who completed the background check on the volunteer.
Background check completed by: or	
Background check completed by:	
or completed by:	Date Completed:
System(s) used for	packground check (minimum of one must have "X"):
State/Local Criminal History Records: National/State Sex Offender Rec	gistry: Other: (please explain)
Note: You must maintain copies of backgrou	nd check results for the duration of the volunteer's service to the school district.