

**ESSEXVILLE-HAMPTON PUBLIC SCHOOLS
VOLUNTEER INFORMATION**

*Thank you for volunteering with the Essexville-Hampton Public Schools. Please complete the following information to help us know our volunteers. **In an effort to simplify the background check process, it is only necessary for you to complete this form once per school year. This form covers all school buildings. All information will be treated as confidential. Please state complete LEGAL name.***

Last Name: _____ First Name: _____ Middle Name: _____

REQUIRED-Any other name you have used (including maiden name): _____

Address: _____ City/Zip: _____

Month of Birth: _____ Day of Birth: _____ Year of Birth: _____ Sex: M or F

Ethnicity (optional): Are you Hispanic or Latino? Yes No U.S. Citizen: Yes No

Race (optional): White Black/African American
 American Indian/Alaska Native Other Asian American/ Pacific Islander

Phones: (Home) _____ (Cell) _____ (Work) _____

Student's Name(s): _____ Teacher(s): _____

I am volunteering to work at (list schools): _____

How will you be volunteering in our schools? _____

LIST TWO REFERENCES (not relatives):

Name	Phone	Business
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Name	Phone	Business
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Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, give details: _____

Please list an emergency contact person: _____

Address: _____ Phone(s): _____

ALL LINES MUST BE COMPLETED IN FULL

The information given is correct to the best of my knowledge, and permission is hereby given for any investigation that may be necessary. I understand that misleading or untruthful information on this form may result in my dismissal. I will notify the Essexville-Hampton Public Schools if this information changes.

Signature of Volunteer: _____ Date: _____

(October 17, 2017)