

Montrose Community Schools
VOLUNTEER APPLICATION

Please Complete the Following Information		
Last Name:	First:	Middle:
Address:		Phone:
City:	State:	Zip:
Date of Birth (Month/Day/Year):		Gender (circle): <div style="display: flex; justify-content: space-around;"> Male Female </div>
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Unknown/Other	In what school would you like to volunteer? (Check all that apply) <input type="checkbox"/> Carter Elementary <input type="checkbox"/> Kuehn –Haven Middle School <input type="checkbox"/> Hill-McCloy High School <input type="checkbox"/> Other:	
Types of activities or programs you would like to work with:		

If approved as a school volunteer, please acknowledge your agreement with the following provisions by checking the associated boxes:

- I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District.
- I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.
- I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees.
- I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

Background Check

For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. Accordingly, all applicants will be screened through the Sex Offenders Registry (SOR), the Internet Criminal History Access Tool (ICHAT), and the offender Tracking Information System (OTIS) prior to being allowed to participate in any activity or program. The results of all background searches are kept confidential.

Signature of Volunteer	Date

<i>This individual has been interviewed by me or my designee.</i>	
Signature of Building Principal	Date

CENTRAL OFFICE STAFF USE ONLY			
Source	Date Checked	Volunteer Request	
SOR		Approved	Denied
ICHAT			
OTIS			
Signature of Superintendent		Date	