

HARRISON COUNTY SCHOOLS APPLICATION

School Volunteer

NAME: _____

ADDRESS: _____

TELEPHONE: _____ OR _____

EDUCATION: High School _____

College _____

Training _____

PREVIOUS WORK EXPERIENCE: _____

REFERENCES: _____

SPECIAL TALENTS, INTERESTS AND HOBBIES: _____

Please list days and times that you wish to assist in the classroom: _____

Have you ever pled guilty to or been convicted of any crime? (other than vehicular moving violations)

YES _____ NO _____ If YES explain: _____

Do you have any type of current charge pending against you?

YES _____ NO _____ If YES explain: _____

PLEASE ATTACH ONE (1) CURRENT TB VERIFICATION TO THIS APPLICATION!

(Must be renewed every 2 years)

I hereby authorize previous employers and references designated by me to supply information to the school principal regarding this application. I release them from any liability and responsibility arising from supplying this information.

I realize that the disclosure of any information that is confidential in nature will result in the revocation of my privilege as a parent volunteer. I understand that any and all information regarding students, staff, or parents must be treated with extreme confidentiality.

I ATTEST, UNDER PENALTY OF PERJURY, THAT THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE.

SIGNATURE: _____ DATE: _____

RETURN THIS FORM TO THE SCHOOL PRINCIPAL.

Forms must be renewed annually for the current school year.