



ELDON SCHOOL DISTRICT VOLUNTEER REGISTRATION FORM

Date _____

FULL LEGAL NAME _____
FIRST MIDDLE LAST

MAIDEN AND/OR ANY OTHER NAMES USED _____

ADDRESS _____

PREVIOUS ADDRESSES FOR LAST 3 YEARS _____

DATE OF BIRTH ____/____/____ Home # _____

Cell # _____ E-Mail Address _____

Emergency Contact: Name _____ Relationship _____ Phone# _____

Do you have a child or relative in our school system? If so, please list:

Name _____ Teacher/Grade _____

Name _____ Teacher/Grade _____

Name _____ Teacher/Grade _____

Which building(s) would you prefer to work in?

____ South Elementary (Preschool-3) ____ Upper Elementary (4-6) ____ Middle School (7-8)

____ High School (9-12) ____ Eldon Career Center ____ No Preference

Please tell us why you would like to volunteer in Eldon Schools: _____

Please tell us when you are available to volunteer:

____ On Call—temporary help to be arranged when needed

M T W TH F

AM

PM

Please list any medical restrictions, allergies or other requirements that may affect your volunteering:

TURN PAGE OVER TO COMPLETE

Have you ever been convicted, or adjudicated as a juvenile offender, of any criminal offense by either a civilian or military court, other than minor traffic violations? YES _____ NO _____
 Are you now under charges for any offense(s) YES _____ NO _____
 Are you now on probation or parole? YES _____ NO _____ If yes, what date will probation/parole end? _____

If you answered yes to any of the above, please provide the following information:

DATE: _____ CHARGE _____
 (month/day/year)

PLACE: _____ ACTION TAKEN _____
 (City, State)

Reporting Child Abuse and /or Neglect

Volunteers are asked to comply with the state abuse and neglect laws and the mandatory reporting of suspected neglect and /or abuse. When a volunteer knows or has reasonable cause to suspect that a child has been subjected to neglect and /or abuse, or observes the child being subjected to conditions or circumstances that would reasonably result in neglect and /or abuse, immediately report the incident to the Principal, classroom teacher or PAVE AmeriCorps Program Director.

Oath of Confidentiality

I agree to hold any information, whether in verbal or written form, concerning any student, faculty, staff member, or their families as confidential and privileged by law. I agree not to divulge information without proper "Release of Information" authorization in accordance with Missouri State Statute (491.060 (5) RSMO.,Cumm. Supp. 1993), the Federal Privacy Act, and interagency agreements. I understand the release of information, whether in verbal or written form to any unauthorized person is forbidden and may be grounds for dismissal and or legal action.

During the performance of my assigned duties, I may have access to confidential information and records required for effective child and family service coordination and delivery. I agree that all discussions, deliberations, information, and records generated or maintained in connection with these activities will be handled and stored appropriately and will not be disclosed to any unauthorized persons.

Acknowledgements:

- I am in good health and free from any disease that might pose a hazard to children or staff.
- I understand that a background screening will be performed and that the program has the sole and absolute discretion to determine whether the outcome is satisfactory.
- I agree to the terms and conditions of the PAVE AmeriCorps Volunteer Handbook.

Signature _____ Date _____

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 PAVE AmeriCorps Office Use:

Teacher(s)/Grade Level Assigned _____ Date _____

Schedule _____

Assigned Activities _____

_____ Orientation Date _____

Initial _____

_____ Background Screening Completed—Notes _____

Initial _____