

**Volunteer Background Information**

**\*NAME:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Nickname:** \_\_\_\_\_ **Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Cell phone #** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Emergency Contact Person (include address & phone number(s))** \_\_\_\_\_

**\*It is the preference of the Windham School Department to photocopy a current driver's license of the individual making application as a volunteer.**

**(for the following questions, please circle your answer)**

Have you ever been charged with or investigated for sexual abuse of another person?      No      Yes

Have you ever been charged with, or pleaded guilty or "no contest" (nolo contendere) to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude?      No      Yes

Have you ever been charged with or convicted of illegal drug use?      No      Yes

Have you ever been charged with or convicted of an A, B, C, D, or E crime(s)?      No      Yes

**If you have answered "yes" to any of the above questions, please explain in detail on this application all circumstances, including the date of the court action, the offense in question, and the address of the court involved. Note that conviction of a crime is not an automatic bar to volunteer participation. (If necessary, continue on the back of this application.)**

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## Volunteer Background Information

I, \_\_\_\_\_, understand that my relationship to the Windham School Department as a volunteer is an “at will” relationship, and that I or the Windham School Department may terminate the relationship at any time without cause. My signature below constitutes authorization to check my employment history, including, without limitation, my criminal arrest and conviction record, references, and release of investigatory information possessed by any state, local, or federal agency.

I further authorize those persons, agencies or entities that the Windham School Department contact in connection with my volunteer application to fully provide the Windham School Department any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including, without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I otherwise might have against the Windham School Department, its agents, and its officials, or against any provider of such information.

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ Reviewed by Teacher

\_\_\_\_\_ Date

\_\_\_\_\_ Reviewed by Administrator

\_\_\_\_\_ Date

Administrator’s Signature \_\_\_\_\_

Date \_\_\_\_\_