



Volunteer Information Form

School Volunteering at: Blackhawk Middle School Tioga School W.A. Johnson School
(Please check all that apply)

Only one form needs to be completed by a volunteer each school year. Please print clearly in ink:

Information Form

Name _____
Last First Middle Phone

Address _____
Street City State Zip Code

Personal physician _____ Phone _____

Emergency adult contact _____ Phone _____

Are you now or have you ever been a school volunteer? _____

At which school? _____ Year? _____

The name(s) of any child(ren) or ward attending any District 2 school:

<u>Student(s) name</u>	<u>School</u>
_____	_____
_____	_____
_____	_____
_____	_____

Criminal Conviction Information

Are you a child sex offender? _____

Have you ever been convicted of a felony? _____ *If you answered YES, list all offenses.*

Offense Date Place

_____	_____	_____
_____	_____	_____
_____	_____	_____

If requested, are you willing to consent to a criminal background investigation? _____

By your signature below, you verify that all the information above is complete and accurate.

Date

Signature of Volunteer

Printed Name of Volunteer

