COCHRANE-FOUNTAIN CITY SCHOOL DISTRICT SCHOOL VOLUNTEER REGISTRATION FORM

Completion of this form is required in order to volunteer in the C-FC School District.

Last Name, First Name, Middle Name Street Address, City, State, Zip		Date of Birth Social Security Number
Health Restrictions, if any _		
Emergency Contact and Ph	one	/
Have you ever been convict	ed of a crime? Yes No	0
If yes, please explain		
	ne following settings at C-FC and heck the appropriate boxes that a	d understand that a background check may be apply:
One on One	Small Group	Chaperone school sponsored trip
Not directly working	with studentsChape	erone school sponsored activity
DISTRICT AND PUBLIC RECORD AND I AGREE TO ABIDE ALL PR CONFIDENTIALITY WITH INFOR UNDERSTAND THAT ALL PERSO THAT I MAY NOT DISCLOSE OR A AUTHORIZE THE COCHRANE-F(DES LAWS. I HAVE RECEIVED, READ, DVISIONS OF THAT RULE, INCLUDI MATION TO WHICH I HAVE ACCESS NALLY IDENTIFIABLE INFORMATIC DISCUSS ANY SUCH INFORMATION DUNTAIN CITY SCHOOL BOARD TO EEMED TO CONSTITUTE CONSENT	S OF THE COCHRANE-FOUNTAIN CITY SCHOOL AND UNDERSTAND THE VOLUNTEER HANDBOOK, NG THE REQUIREMENT THAT I MAINTAIN STRICT S WHILE PERFORMING MY DUTIES. I ALSO ON REGARDING STUDENTS IS CONFIDENTIAL AND EXCEPT TO OR WITH THE TEACHER. I HEREBY UNDERTAKE A BACKGROUND CHECK. MY ' AND NOTIFICATION THAT A BACKGROUND CHECK
Applicant's Signature		Date
	FOR OFFICE USE	ONLY
Volunteer Placement		
	npleted	