



Volunteer Applicant Disclosure Affidavit

Building _____

Date of Event _____

Volunteer Position _____

Teacher Name _____

Student Name _____

FOR SECURITY USE ONLY	
Volunteer:	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
Driver:	
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	
Date:	By: _____

Thank you for volunteering in the Waterford School District. It has been demonstrated in numerous studies that parents/guardians are the most important influence in a child's life, even into adolescence and early adulthood stages. A parent/guardian's "first-hand" demonstration of support for our schools establishes a pattern of cooperation that will stay with a child a lifetime. To ensure our students remain in a safe learning environment we are asking you to complete the affidavit below.

I, the undersigned volunteer, affirm that whether as an adult or juvenile, **HAVE AT ANY TIME**, been convicted of, pleaded guilty to (whether or not resulting in a conviction), pleaded nolo contendere or no contest to, been diagnosed as having or treated for any mental or emotional condition arising from, resigned under threat of termination of employment or volunteer work for: any allegation, any conduct, matter, or thing (irrespective of the formal name thereof), constituting or involving (whether under criminal or civil law of any jurisdiction):

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Any felony (<i>Applicants with a felony conviction will be denied to volunteer.</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Any misdemeanor |
| <input type="checkbox"/> | <input type="checkbox"/> | Other |

If you answered YES to any of the above items, please provide the information below.

Date and Reason for Conviction:

Volunteer Name _____ Home Phone # _____
(First, Middle, Last – PLEASE PRINT CLEARLY)

Sex _____ Race _____ Date of Birth _____
(White / Black / Asian / American Indian / Other)

Address _____
(Street / City / Zip Code)

COMPLETE THIS BOX ALSO IF YOU ARE VOLUNTEERING TO DRIVE

By signing below, I consent to possessing a valid driver's license and my vehicle complies with state and federal laws and I carry auto insurance including a minimum of \$100,000/\$300,000 of liability coverage.

Elementary School Drivers: I have _____ seat belts and/or _____ approved booster seats (for children between the ages of four and eight and less than 4 feet 9 inches tall) available in my back seat(s).

Driver's License # _____

The above statements are true and complete to the best of my knowledge. This signature authorizes the Waterford School District to process a criminal records check and/or driver's license search with the proper State agencies.

Signature of Volunteer _____ Date _____

Fingerprinting Required: Yes No - If yes, please report to Human Resources for processing _____

H/R Approval / Date

Account number to charge for fingerprinting fees: _____