

School City of Hobart's Volunteer Application

(Complete BOTH Sides and Return to Your Child's School)

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Legal Name: Last _____ First _____ MI _____ Suffix _____	Special professional training, skills, hobbies: _____
Prior/Maiden Names or Aliases: _____	_____
Address: _____	Community affiliations (Clubs, Service Organizations, etc.): _____
Telephone: _____ Cell: _____	_____
City: _____ State: _____ Zip: _____	Previous/current volunteer experience with children: _____
County you currently live in: _____	_____
Race ☐ Amer.Indian/Alask ☐ Asian/Pacific ☐ Black ☐ MultiRacial ☐ White ☐ Hispanic	_____
Email: _____	_____
Date of Birth: _____ (mm / dd / yyyy)	Special Certification (i.e. CPR, Medical, etc.): _____
Occupation: _____	Have you ever been convicted of a felony? YES _____ NO _____
Employer: _____	If yes, provide your current legal status (parole, etc.) _____
Address: _____	Have you ever been convicted of any crime involving or against a minor? YES _____ NO _____
Do you have a valid driver's license? YES _____ NO _____	Have you ever pleaded guilty to or been arrested and/or convicted of any other type of crime? If yes, explain including date and court of conviction: YES _____ NO _____
Driver's License#: _____ State: _____	_____
I have children at the following school(s): ____GE ____JM ____LE ____RV ____HMS ____HHS	Have you ever been refused participation in any youth programs? If yes, explain: YES _____ NO _____
Name(s) of child(ren): _____ _____ _____	_____ _____ _____
I would like to be considered as a volunteer for the following events or areas: _____ _____ _____	

***Only one application is necessary if you have children at multiple schools in Hobart.**

School City of Hobart

Volunteer Application

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I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a volunteer, the School City of Hobart may end the relationship if I have made any false statements or material misrepresentations, written or verbal. As a condition of volunteering, I hereby grant permission to the School City of Hobart to conduct a background check on me including state/local criminal history records and state sex offender registry. I understand and agree that, if called upon, my volunteerism is conditional upon the School City of Hobart receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the School City of Hobart and/or any other person or organization that may provide such information.

I also understand that, regardless of previous appointments, the School City of Hobart is not obligated to appoint me to a volunteer position.

Applicant Signature

Date

Applicant Name (Print or Type): _____

NOTE: The School City of Hobart will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For School City of Hobart Use Only. Please print the name of the individual who completed the background check on the volunteer.

Background check completed by: _____

or

Background check completed by: _____

or

completed by: _____

Date Completed: _____

System(s) used for background check (minimum of one must have "X"):

State/Local Criminal History Records: _____

National/State Sex Offender Registry: _____

Other: *(please explain)* _____

Note: You must maintain copies of background check results for the duration of the volunteer's service to the school district.