



CMCSS Volunteer Agreement Form

Personal information:

Name: _____
First
Middle
Last

Address: _____ City, State, Zip: _____

Phone: Home: _____ Cell: _____ E-mail: _____

Other Names Used (if applicable): _____

Students enrolled at CMCSS:

Name _____	Teacher _____	Grade _____
Name _____	Teacher _____	Grade _____
Name _____	Teacher _____	Grade _____
Name _____	Teacher _____	Grade _____

Day(s) you prefer to volunteer:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday
 Time available: Morning (_____ to _____) Afternoon (_____ to _____)
 Number of hours available per week: _____

Languages you speak other than English: _____

Have you ever volunteered with children before? Yes No

I am interested in volunteering in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Math / Science | <input type="checkbox"/> Art classes | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Reading / Writing/ Literacy | <input type="checkbox"/> Music classes | <input type="checkbox"/> Building/ Grounds Support |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Computer labs / Technology Support | <input type="checkbox"/> Career activities |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Library | <input type="checkbox"/> Field Day |
| <input type="checkbox"/> Cafeteria assistance | <input type="checkbox"/> Other: _____ | |

1. Have you ever had any allegation of child abuse filed in your name? If yes, explain, giving dates:

2. Do you have any convictions of a criminal offense or felony offense, including conviction on a plea of guilty, a plea of no contest, or order of granting pre-trial diversion? **Note: If you were convicted of a felony offense, please refer to the CMCSS Volunteer Policy, SAF-A005.** If yes, explain, giving dates:



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3. Does your name appear on any Sex Offender Database in any state or county? If yes, please list the counties and states below:

Confirmation and Signature:

I would like to participate as a volunteer to provide support and assistance to school personnel and students. I assume full responsibility for my actions while volunteering at all CMCSS facilities. I have read and agree to abide by the following:

- 1. CMCSS Volunteer Policy (SAF-A005) and*
- 2. Use of School or District Volunteers Procedure (SAF-P009) and*
- 3. CMCSS Volunteer Code of Ethics (SAF-F028)*

I further understand that as a volunteer, if I will be alone with a student and out of view of school personnel or if I participate in a school-sanctioned overnight trip, I must provide a copy of my driver's license and be cleared in a background check through the TBI Sex Offender Registry.

I hereby certify that answers to all questions above, to the best of my knowledge, are true and complete. I understand that permission to serve as a volunteer for CMCSS will be contingent upon the answers provided.

Printed Name

Date

Signature