

Colchester School District
Volunteer Registration Form

GENERAL INFORMATION			
Name (first, MI, last):	E-mail Address:	School Year:	
Alternative First Name(s) (please list any other first name(s) you've used, e.g., nicknames):		Alternative Last Name(s) (please list any previous last names you've used, e.g., maiden name):	
Address:	City:	State:	Zip-Code +4:
Home Phone:	Cell Phone:	Work Phone:	Date of Birth (dd/mm/yyyy):
Place of Birth (City, State, Country):		Last 4 Digits of Social Security #: XXX-XX-_____	
Driver's License #:		License Plate #:	
Please check all locations you are interested in volunteering your services to:			
<input type="checkbox"/> Colchester High School <input type="checkbox"/> Colchester Middle School <input type="checkbox"/> Malletts Bay School <input type="checkbox"/> Porters Point School <input type="checkbox"/> Union Memorial School <input type="checkbox"/> Central Office			
Please indicate the type(s) of service(s) you wish to volunteer:			
<input type="checkbox"/> Library Support <input type="checkbox"/> Chaperoning <input type="checkbox"/> Coaching/Athletic <input type="checkbox"/> Student Activity Advisor <input type="checkbox"/> Instructional/Classroom Support <input type="checkbox"/> Event Organization <input type="checkbox"/> Clerical Support <input type="checkbox"/> Other (please specify): _____			
ACKNOWLEDGEMENT AND AUTHORIZATION			
<p>"I understand that the district will be conducting a criminal record check with the Vermont Criminal Information Center (VCIC) and a Vermont Abuse Registry check."</p> <p>"In the event the District receives notice of a criminal record, I understand that within 30 days of receiving the results of the record check, I have the right to appeal the finding to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101."</p> <p>"I understand that it is the responsibility of the Principal/Superintendent or his/her designee to accept/not accept specific individuals as volunteers, and all decisions related to the continuation of a volunteers service. I further understand that the decision of the Principal/Director on these matters is considered final."</p> <p>"I understand that I am expected to abide by all Colchester School District policies and procedures."</p> <p>"I hereby acknowledge and agree to a check of any record of criminal convictions from the Vermont Criminal Information Center. I understand that the results of this check will be made available to Colchester School District for use in reviewing my suitability for volunteer services within the district and that my volunteer service is contingent upon a satisfactory criminal records check."</p>			
Signature of Prospective Volunteer:			Date:
Principal's Authorization & Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:
Central Office Authorization & Signature: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date:
<i>Central Office Use:</i> Please check and initial upon completion of the following: <input type="checkbox"/> VCIC on-line criminal record check <input type="checkbox"/> VT Abuse Registry <input type="checkbox"/> Add/Update information in Volunteer Database Initials: _____			