

CHANDLER UNIFIED SCHOOL DISTRICT VOLUNTEER INFORMATION FORM

Tier I and II

On behalf of the Governing Board and Administration of Chandler Unified School District, we appreciate your interest in our district. We are proud of our outstanding teachers and support staff, however, the quality of our services is significantly enhanced by hundreds of individuals, like you, who contribute their time and talents. Because of the tremendous responsibility we have to the children of our community, the following information is needed from each individual who has contact with our students. The district may choose to conduct a background check on individuals (including volunteers) who provide services to students. Please be aware the district may decline volunteer services based upon criminal activity related to violence, physical abuse, sexual abuse, or alcohol/drugs. We appreciate your willingness to provide us with this information. We appreciate your willingness to provide us with this information. Please complete the following Volunteer Information Form and return to your preferred site. Again, thank you for your services.

NAME _____

ADDRESS _____

(Street with apartment number)

(City, State, Zip Code)

PHONE # _____

EMERGENCY CONTACT _____ PHONE # _____

EMPLOYMENT EXPERIENCE

CURRENT/MOST RECENT EMPLOYER _____

ADDRESS _____

(Street)

(City, State, Zip Code)

TELEPHONE # _____

DATES OF EMPLOYMENT _____

CONVICTION INFORMATION

Have you ever been convicted of an offense related to violence, physical abuse, sexual abuse, or alcohol/drugs?

Yes

No

If yes, please attach a separate sheet of explanation.

- ❖ I understand that all student records are confidential and agree not to divulge student information to any party without a specific need to know.
- ❖ I understand and agree I will not have contact with students without direct oversight by an approved CUSD staff member.
- ❖ I have received and read an "Overview of Pertinent Policies and Procedures" and "Suggestions for Avoiding False Allegations."
- ❖ I certify that the above information is true and authorize the Chandler Unified School District to independently verify all information provided including a criminal background check.

Signature

Date

Return this form to the office before the volunteering begins. This form must be on record for each classroom in which you will be volunteering.