

REGIONAL SCHOOL UNIT NO. 18

41 Heath Street
Oakland, ME 04963
(207) 465-7384
www.msad47.org

VOLUNTEER REGISTRATION

THE FOLLOWING INFORMATION IS BEING REQUESTED TO HELP US COORDINATE VOLUNTEER SERVICES. ADDITIONALLY, THIS FORMALIZATION PROVIDES INCREASED PROTECTION FOR THE VOLUNTEER AND THE UNIT.

Date _____ Area(s) of interest: _____

Name _____

Permanent Address _____ Email _____

_____ Phone _____

List any education, training, or experiences you have had which would help us in meeting the needs of our students:

BACKGROUND:

The following information is asked of all individuals who work with our children on an ongoing basis. To help insure the safety of our students, we would ask you to respond.

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes ___ No ___

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes ___ No ___

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? Yes ___ No ___

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes ___ No ___

If you have answered YES to any of the previous questions, provide full details below, including, with respect to court actions, the date, offense in question, and the address of the court involved.

I understand that in the course of my volunteer work at the school, I may learn information about students that must be kept confidential. This information cannot be shared with anyone except for educational purposes.

Signature of Volunteer

Date

Volunteer Supervisor

Date

Building Supervisor

Date