

MACONAQUAH SCHOOL CORPORATION  
2019-2020 School Year  
Volunteer Application

**APPLICATION MUST BE ACCOMPANIED BY VOLUNTEER'S STATE-ISSUED ID (DRIVERS LICENSE).  
IF NOT APPLYING IN PERSON, INCLUDE A COPY OF STATE-ISSUED ID WITH THIS FORM.**

Child(ren)'s First and Last Name(s): \_\_\_\_\_

PLEASE LIST ALL CHILDREN ON ONE FORM.

It is not necessary to complete separate forms for each child or building.

Please Print Clearly

Full Given Name: \_\_\_\_\_  
  First Name    M.I.    Last Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

State briefly why you'd like to become a school volunteer: \_\_\_\_\_

I give my consent to allow Maconaquah School Corporation to run a Limited Criminal History Report and Sex Offender Registry check, and provide the following information to complete these reports:

\_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female  
(Date of Birth)

Race: \_\_\_ American Indian/Alaskan \_\_\_ Asian/Pacific Islander \_\_\_ Black  
      \_\_\_ Multi-Racial \_\_\_ White

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**STATEMENT OF COMMITMENT**

As a volunteer working with Maconaquah School Corporation students, I agree to comply with the following directives:

- ✓ Authorize the release of information to complete a Limited Criminal History Check and National Sex Offenders Registry Check.
- ✓ Abide by all school rules and Maconaquah Board of School Trustees policies.
- ✓ Honor the commitment to work as scheduled. If I must be absent from a scheduled commitment, I will notify the appropriate person in advance.
- ✓ Communicate regularly with school personnel.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_