



FORT ZUMWALT SCHOOL DISTRICT

School Volunteer Request

(Categories 2 and 4)

School:

Volunteer's Name (Last, First, M.I.):

Date of Birth:

Street Address:

City:

Zip Code:

Home Telephone #:

Work or Cell #:

E-Mail Address:

Please describe how you will be working with children:

Child(ren)'s Name (If Applicable):

FZ/Teacher/Sponsor/Coach:

Check here if OASIS Volunteer

AVAILABILITY

Time of Day:	Frequency:	Areas of Interest:

Background checks are performed on all Fort Zumwalt Volunteers who will be working around students. Volunteers are expected to adhere to all Board of Education and building policies and procedures, including confidentiality of student information. Thank you for your assistance in your child's school. If you have any questions, please contact your building administrator.

Volunteer's Signature:

Date:

FOR OFFICE USE ONLY-To be monitored in Building—Send Completed Copy to DAO Personnel; maintain original in building

National and State Sex Offender List Checked (Category 2 and 4):	Date:	Initials:
MO Case Net Checked (Category 2 and 4):	Date:	Initials:
Request Submitted on google sheet to DAO for Fingerprint BG check (Category 2 Only):	Date:	Initials:
Results of MO State Highway Patrol Criminal Background Check received and updated on google sheet/Volunteer is clear to begin working in building. (Category 2 Only):	Date:	Initials:

In case of emergency, please contact:

Name

Phone Number