



FORT ZUMWALT SCHOOL DISTRICT

Working Together We Are Making A Difference

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: _____

Child's Name (If Applicable): _____

Teacher: _____

Child's Name _____

Teacher: _____

Child's Name _____

Teacher: _____

_____ 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

National and State Sex Offender List Checked (Category 2 and 4):	Date:	Initials:
MO Case Net Checked (Category 2 and 4):	Date:	Initials:
MO State Highway Patrol Criminal Background Check submitted to DAO (Category 2 Only):	Date:	
Results of MO State Highway Patrol Criminal Background Check received (Category 2 Only):	Date:	

In case of emergency, please contact:

Name

Phone Number

Entered in Spreadsheet by _____

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