

ICC-E1

Wall School District, #51-5

Adult Volunteer Registration Form

To educate and prepare each student to succeed in a changing world."

Name _____
LastFirstM.I.

Address _____
NumberStreetApt

CityStateZip

Phone _____ Email _____
DayEvening

Employer _____

Employer Address _____
NumberStreetSte

CityStateZip

Emergency Contact Person _____
NameRelationship

AddressPhone

Do you use illegal drugs? YES NO (circle one)
 Do you have a valid SD Driver's License? YES NO (circle one)

PLEASE READ BEFORE SIGNING
 I understand that:

- The information that I have provided may be verified, and I give permission to the Wall School District to make inquiry of others, including a criminal background check, concerning suitability to act as a school volunteer.
- The information that I have provided will be used by school personnel and/or volunteer coordinator (who may not be a school District employee) to recruit and assign volunteers.
- Personal information regarding students, families, and staff members is confidential and I agree to keep said information in strictest confidence.
- The relationship between the Wall School District and volunteers may be terminated at any time without cause by either the volunteer or the School District.
- No one whose name appears on the Sex Offender Registry will be allowed to volunteer in the Wall School District.

I affirm that I have read and agree to the above and also affirm that the information I have given is accurate and complete.

Signed _____ Date _____