

**WE NEED YOUR HELP**

We love volunteers in our classrooms! We welcome parents and grandparents! If you are interested in helping, please fill out both forms below and return it to the school office.

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I would love to help with: (please check all that apply)

\_\_\_\_ making copies \_\_\_\_ laminating, cutting

\_\_\_\_ planning class parties \_\_\_\_ one-on-one tutoring

\_\_\_\_ small group tutoring \_\_\_\_ reading with students

\_\_\_\_ I cannot come to school but I can help from home. Please send things home for me to do.

 Special Skills: please list any special training/certificates such as First Aid, CPR, etc… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 When are you available? (please circle)

 M T W TH F In the: morning afternoon

 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mount Olive Christian Day School

**CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM and VOLUNTEER VIDEO COMPLETION**

**A criminal background check is required for employment and volunteering. This check into official public records will determine the existence or non-existence of any record of criminal convictions.**

***Please Print Clearly***

Name (Last, First, M.I.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***List other names used and dates of name change in the last ten (10) years****:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name Date

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

Social Security Number (SSN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have watched the Volunteer Video which includes the Student Confidentiality Video -  [https://drive.google.com/open?id=1yuEweRK3audPhq-DoNsM5qOZbDzgPnNn](%20https%3A/drive.google.com/open?id=1yuEweRK3audPhq-DoNsM5qOZbDzgPnNn)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant/Employee/Volunteer Signature Date