



# Registration Form for...

- Classroom Volunteer Pages 1-4
- Building Volunteer 1-5
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Name of School(s) you want to volunteer for \_\_\_\_\_

Are you a parent or relative of a student at this school? Yes or No

If yes, student(s) name(s)/grade \_\_\_\_\_

Relationship to student(s) \_\_\_\_\_

Full Name _____		Date _____	
Address _____			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Home Phone _____	Work Phone _____		
Social Security Number: _____		Birth Date _____	
Your driver's license number: _____		State _____	
Email Address: _____			
Emergency contact: _____		Ph: _____	
If known, please give the name of the event or program you would like to volunteer for. _____			
Can we save your volunteer information for possible future volunteer needs? Yes _____ No _____			

**List addresses for the past three years, if different from above: (Use back if more space is needed)**

Dates	Address	City	State	Zip Code
Dates	Address	City	State	Zip Code

**List employers for the past three years: (Use back if more space is needed)**

Current	Name	City	State	Zip Code
Current	Name	City	State	Zip Code

**Indicate any experience, education or training that you have had relevant to your role as a volunteer:**

**Indicate any physical limitations that would interfere with your ability to perform certain types of activities required by your volunteer role:**

Indicate by checking the box below if you:

- have been convicted of a crime involving drugs, sex, or physical violence
- have a history of child molesting
- currently use illegal drugs or abuse alcohol
- have been substantiated by Social Services for child abuse or neglect or domestic violence.

If you have checked any of the above, the school may call you to discuss further. USD 305 does not discriminate on the basis of race or ethnic background, sex, or disability in admission or access to, treatment or employment in its programs and activities. The social security number is required for background checks. All information is kept in highest confidentiality at the Public Information Office.

**\*\*\*\*Please allow at least 2 weeks for Volunteer Clearance to be Completed\*\*\*\***





## CONFIDENTIALITY AND ETHICS

*The issues of confidentiality and ethics are extremely important when taking part in the volunteer support of our schools, whether in the classroom or outside the classroom. Each volunteer must make the commitment to keep sensitive student information strictly confidential. The following items are not for public dissemination:*

- Student Progress
- Student Behavior
- Student Medical Situations
- Student Home Life Situations

*It is our obligation to protect the rights and preserve the self-respect of the students*

*If a volunteer has a concern for the safety or well being of a student, stemming from an observed situation, that concern should be brought to the teacher or administrator.*

*Confidentiality is the volunteer's obligation for the well being of the Student*

**Thank You for your willingness to volunteer with our students and staff. Your contribution of time is precious to us!**

**Volunteer Level: Classroom Volunteer\_\_\_ Building Volunteer\_\_\_ Driver/Chaperone\_\_\_**

*I agree to observe the confidentiality and ethics statement above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

School(s)\_\_\_\_\_

USD #305-Salina Public Schools  
Volunteer Cordinator  
Phone-785-309-4700

I, \_\_\_\_\_, give permission for the release of any information concerning  
(please print complete first, middle and last name) myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Jennifer Bradford-Vernon ,  
Public Information Coordinator  
Agency Name: Salina Public Schools  
Mailing Address: PO Box 797  
Salina, KS 67402-0797  
Phone Number: (785) 309-4700



I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.  Yes  No

**\*\* Please complete the information below by printing in ink. \*\***  
**Please print legibly. Do not leave any blank space. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient.**

First, Middle and Last Name: \_\_\_\_\_

Maiden Name: (Female applicant only.) \_\_\_\_\_

Married Names, Nicknames, or Other Names Used: \_\_\_\_\_  
(Use N/A if no other names used.)

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Gender:  Male  Female

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

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

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Office Registry, PO Box 2637, Topeka, KS 66601. The following state agencies are exempt from the \$10.00 fee: JJA (Central Office or Facilities), KNI, Dept of Education-Central Office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Mentor record checks, i.e. Big Brother Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://kansasmentors.kansas.gov/Pages/FindaProgram.aspx>. If this is a mentor record check, please make sure the box below is checked.

Mentor Program:  If yes, please check

# Kansas Central Repository

## Manual Record Check Request

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This page is used to provide identifying information for one person to be checked. The Full name and Dated of Birth are mandatory fields: the record check cannot be done without at least those two fields. Please include as much additional information as possible to ensure the best search is conducted. Note that each search permits the additional of one alias or maiden name. If the subject f the search has been known by three or more names, then submit a second record check form for the third name. Searching the first two names will be done in the first record check. The third name searched constitutes a new, billable record check.

Attach additional copies of this page as needed for more searches.

This is not the proper form to use for CERTIFIED record checks. If you require CERTIFIED record checks, print the Request for Certified Record Check form found on the KBI Public Access site: [www.accesskansas.org/kbi/criminalhistory](http://www.accesskansas.org/kbi/criminalhistory).

Requested by: Jennifer Bradford-Vernon, Public Information Coordinator Requestor Code: 806KS0305

Identification of the individual to be searched:

A fingerprint card [ is / is not ] included.

Full Name: \_\_\_\_\_  
Last Name First Name Middle Name (Jr, Sr, III ...)

Alias/ Maiden Name: \_\_\_\_\_  
Last Name First Name Middle Name (Jr, Sr, III ...)

Date of Birth: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM/DD/YYYY

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City, State or Foreign Country)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Occupation: \_\_\_\_\_

Residence: \_\_\_\_\_

For KBI Use
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## DRIVER AGREEMENT

Name of School you will be driving for \_\_\_\_\_

NAME \_\_\_\_\_  
(as it appears on your driver's license)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PH. \_\_\_\_\_ CELL PH. \_\_\_\_\_ WORK \_\_\_\_\_

Birth Date \_\_\_\_\_ Parent ? \_\_\_ Yes \_\_\_ No If No, relationship to student \_\_\_\_\_

Student(s) Name(s) \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

(A photocopy of your current license must be attached to this form.)

EMERGENCY CONTACT \_\_\_\_\_  
Name Phone#

### VEHICLE Registration:

STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ LICENSE PLATE NUMBER \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ Policy \_\_\_\_\_

(Current proof of insurance must be attached to this form.)

### Please be aware of the following:

- You must have a valid driver's license and proof of insurance.
- You must abide by any applicable rules, regulations, and statutes.
- Your automobile insurance is the primary coverage in the event of any accident.
- Seat belts will always be used. Children under 12 years of age or anyone under five (5) feet tall cannot ride in the front passenger seat if vehicle has an air bag.
- Children 8-years of age and younger weighing less than 80 pounds or are 4'9" or less must sit in a booster seat
- No unplanned side trips (e.g. shopping, errands, etc) will be allowed.
- You will not be compensated for your time or mileage.

In the past 3 years:

Have you had a chargeable accident? \_\_\_\_\_

Moving violation(s)? \_\_\_\_\_

Convicted of driving under the influence? \_\_\_\_\_

**I have read the above and agree to abide by the rules listed. I will also inform Salina USD #305 if arrested for driving while impaired, if I have a chargeable accident, or if I have a traffic conviction. My signature certifies that the information is true and complete. I give Salina USD #305 permission to check my driving history.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*Please allow at least 2 weeks for Volunteer Clearance to be Completed\*\*\*\***