

**VOLUNTEER APPLICATION FORM  
MARSHFIELD R-1 SCHOOL DISTRICT  
MARSHFIELD, MISSOURI 65706  
18-19 SCHOOL YEAR**

**NOTE: Be sure to register for the DHSS Family Care Safety Registry at <http://health.mo.gov/safety/fcsr> prior to turning in this paperwork.**

**Full Name** \_\_\_\_\_

**Maiden Name/Possible Alias** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Birthday** \_\_\_\_\_  
(Required for Background Check) (Required for Background Check)

**Email Address** \_\_\_\_\_  
(Your approval/denial letter will be sent by email)

**Present Address** \_\_\_\_\_ **Telephone (H)** \_\_\_\_\_  
\_\_\_\_\_ (W) \_\_\_\_\_

**Buildings and/or Programs in which you wish to volunteer: Hubble\_\_ Webster\_\_**

**Shook\_\_ Junior High\_\_ High School\_\_ Program** \_\_\_\_\_

**Describe any experience, skills, or qualifications, which you feel would especially help you be an effective volunteer:**

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

**REFERENCES: Please list 2-3 persons who have known you for one or more years.**

<u>Name</u>	<u>Supervisor/Friend</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Have you ever been charged with, convicted of, or pled guilty to child abuse or child molestation? Yes \_\_\_ No \_\_\_ Have you ever been charged with, convicted of, or pled guilty to a felony? Yes \_\_\_ No \_\_\_ If yes to either, please attach explanation.**

**I understand that providing any false information in the application constitutes fraud.**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

## **MARSHFIELD R-1 SCHOOLS CONFIDENTIALITY AGREEMENT**

In the course of my employment or association with the school district, I understand that printed, electronic, and oral communications concerning ALL student information are confidential. Such information can be accessed directly only by certain designated individuals and only for legitimate purposes. Any keys to any files and any computer password assigned to me for which I am responsible will be kept confidential. Release of any student information in printed, verbal, electronic, or any other form by unauthorized personnel is a major violation of school district standards for school employees and contracted service providers.

I have reviewed the school district's policies regarding confidentiality of student information. I understand that improper release of student information is cause for disciplinary action and can result in termination of employment and in some cases, civil liability.

If I have any questions concerning the confidentiality of student information, I will consult my immediate supervisor or the school principal.

I have read, understand, and accept the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## **Volunteer Requirement**

Marshfield school policy requires that employees and volunteers receive information about our district's sexual harassment policy. Please sign and return this form indicating you have received this information. Return it with your child to the school that is applicable, Hubble Elementary, Webster Elementary, Shook Elementary, Jr. High School, or High School. If you are volunteering at home, you still must also comply with Board policy.

Thank you for your cooperation.

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**Name (Please Print)**

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**Signature**

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**Date**