

School Volunteer Screening Information and Authorization Affidavit

TO BE COMPLETED YEARLY

New

Renewal

NAME			
PHONE NUMBER		DATE OF BIRTH	
EMAIL ADDRESS			
LEGAL RESIDENCE			
MAILING ADDRESS			

In the event of an emergency, please list your emergency contact:

Name		Phone Number	
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Please read the following statements carefully and sign below:

1. I certify that since my last fingerprinting by the **Shaker Regional School District**, I have not been convicted of any of the following offenses: homicide, child pornography, aggravated felonious sexual assault or kidnapping.
2. I certify that the facts contained in this affidavit are true and complete to the best of my knowledge and belief. I acknowledge and understand that the Principal, Superintendent of Schools and the School Board will be relying on the information contained in this affidavit and that the information is complete and accurate.
3. I further understand and agree that any falsified statements or any material half-truths, material misstatements or omissions on this affidavit, without full disclosure of all relevant facts, shall be grounds for not allowing me to volunteer with the School District.
4. I authorized School Administrative Unit (SAU) #80, the School District and its administrators to fully investigate all statements contained herein.

Volunteer Signature

Date