



Dear Potential LeRoy-Ostrander School Volunteer:

Thank you for your interest in volunteering with LeRoy-Ostrander Public Schools. We value the time and talent of our volunteers!

To ensure the safety of our students, we require criminal background checks on ALL volunteers.

The criminal background check form requires you to provide authorization for a variety of criminal background checks:

- National Sex Offense History: Provides a sexual offender registry check of all 50 states plus the District of Columbia.
- A criminal search for all 50 states plus the District of Columbia.
- Social Security Number Trace: Provides the name, aliases, 10-year address history, and all social security numbers associated with the individual. Verifies that the social security number is valid, gives year of issuance and state issued.

All volunteers must complete the volunteer application packet following this letter and turn it in to the district office.

Once you have been approved through our volunteer background check process, you will be cleared to volunteer for 3 years from the date of the completed background check. To inquire whether you have a cleared background check on file, please contact the district office at 507-324-5641.

The background checks will be done at the District's expense and information will be kept confidential. School officials will review the results of each background check. If there are any concerns regarding the results of a background check, a school administrator will contact that individual directly within 24-48 hours after receiving the results. A volunteer may request a copy of their own report.

Thank you for your cooperation as we continue to maintain a safe and secure educational environment for our students.

Sincerely,

Jennifer Backer-Johnson

Jennifer Backer-Johnson
Superintendent

LeRoy-Ostrander Public School Volunteer Application

Volunteer's Name: _____ Home Phone: _____ - _____ - _____

Address: _____ Work Phone: _____ - _____ - _____

City: _____ State: _____ Zip: _____ Cell Phone: _____ - _____ - _____

Name of person to contact in the event of an emergency: _____

Their relationship to you: _____ Daytime Phone: _____ - _____ - _____

Name of regular physician: _____ Phone: _____ - _____ - _____

Please describe medical conditions (allergies, etc.) or special accommodations you have:

Availability: Please write in your preferred hours and days below:

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Placement Information: The following information will allow us to match your expertise, interest, and skills with teacher requests for volunteers.

Location Preference: _____ Grade Level Preference: _____

Please indicate below with an X which category(s) you prefer as a volunteer:

<input type="checkbox"/>	Elementary Classroom Volunteer	<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Lunch Room
<input type="checkbox"/>	Art Room	<input type="checkbox"/>	Mentor	<input type="checkbox"/>	Library
<input type="checkbox"/>	Science Room	<input type="checkbox"/>	Tutoring (Math)	<input type="checkbox"/>	Career Path Consultant
<input type="checkbox"/>	Technology	<input type="checkbox"/>	Tutor (English)	<input type="checkbox"/>	Special Education
<input type="checkbox"/>	Playground	<input type="checkbox"/>	Enrichment Activities	<input type="checkbox"/>	Other
<input type="checkbox"/>	Clerical				

Volunteer's Signature: _____ **Date:** _____

LeRoy-Ostrander Volunteer Memorandum of Understanding

I understand that information regarding students, families, staff, and the organization may be confidential in nature and that as a volunteer for LeRoy-Ostrander Public School I agree to:

- respect the confidential nature of any verbal or written communication I receive regarding students, families, staff, and organization and keep personal information confidential at school and after I leave school.
- be discreet in any verbal communication by not discussing students, staff, or families in front of others.
- immediately report directly to the principal or site supervisor any information disclosed to me concerning a child's safety.
- make reasonable efforts to assure that each student is protected from harassment or discrimination and I will not harass nor discriminate against any student, staff member or volunteer on the basis or race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background.

I acknowledge receipt of School Board policy 451 and procedures pertaining to policy #413 Harassment and Violence and policy #514 Bullying Prohibition Policy. I understand it is my responsibility to read and understand all materials provided to me.

Volunteer's Signature

Today's Date

Please Print Name: _____

For office use only:

___ Approved

___ Not approved

Administrator's Signature

Today's Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

(Volunteer)

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

Organization/Company/School may obtain information about you from a consumer reporting agency for agreed upon purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your association with said organization/company/school. These reports may include checks regarding your criminal history, social security trace, motor vehicle records ("driving records"), employment and education references, professional licenses and credentials. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites, professional networking websites, blogs, and other online media. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants association with said company/organization/school is an investigation into your education and/or employment history conducted by Hire Image, or another outside organization.

The scope of this disclosure and authorization is all-encompassing, however, allowing company/organization/school to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout your association with said company/organization/school to the extent permitted by law. Company/Organization/School also reserves the right to share back-ground investigation results with third-party companies for whom you will be placed to work with as a representative of said company/organization/school. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and throughout my association with said company/organization. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by, another outside organization acting on behalf of Company, and/or Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature of applicant

Social Security Number

Today's Date

Print Name: **LAST – FIRST - MIDDLE**

Drivers License Number & State Issued

Date of Birth*

Current Address

Any Other Names used in past 7 years: _____

List any other Countries, Cities or States in which you have lived during the previous 7 years: _____

* This information will be used for background screening purposes only and no other purpose.