

Name

Name

FOR OVERNIGHT CHAPERONES & COACHES ONLY: RISK MANAGEMENT - Debbie.Warren@dcsdk12.org

FOR ALL OTHER NON-PARENTS: SECURITY

volunteer-backgroundsusergroup@dcsdk12.org 1. Personal Information Name (please print) ______ Colorado Driver's License _____ Date of Birth _____ Phone ____ Email Address ____ 2. Placement Information L Volunteer Coach School/Classroom **Elementary Enrichment** (MS or HS Athletics) (Before/After School Programs) Overnight Chaperone/Driver: Date of Overnight Trip School Requested Contact Person at School School Contact Email 3. Work Experience · Current or Most Recent Position _____ Organization _____ Supervisor _____ Phone ____ Employment Dates (Mo/Yr - Mo/Yr) _____ Reason for leaving (if applicable) 4. References Please list three people who you have known in a work and/or volunteer capacity or on a personal level: Name Work/Home/Cell Phone Relationship

Work/Home/Cell Phone

Work/Home/Cell Phone

Relationship

Relationship



5. School/Classroom Experience

For the best possible placement, please answer the	e following questions:	
1. What experience have you had working with chi	ildren?	
2. Do you have any special skills, qualifications or c	apabilities that would help us place you?	
3. What type of volunteer work are you most interest.	ested in?	
6. Additional Information		
Have you ever been convicted of, pled nolo conte	ndere (no contest) to, or received a deferred	sentence or deferred prosecution
for a felony, a misdemeanor crime involving unlawf		·
Have you ever been convicted of any other misdem	neanor, other than a misdemeanor traffic offer	nse or traffic infraction?
(Conviction will not automatically disqualify you.)		YesNo
If your answer is "Yes" to either of the above question of misdemeanor charge, the date of the disposition of	•	•
Please read carefully: As a Community Volunteer been authorized by the Principal or the Principal's school's administrators and teachers. You underst education records and information to which you are in the District.	designee to act as a school official subject to and agree that your failure to maintain	o the direction and control of the the confidentiality of all student
By providing the information requested and sign understand that the District reserves the right to de	-	ducting a background check and
*** PLEASE ATTACH A PHOTOCOPY OF YO	OUR VALID COLORADO DRIVER'S LICENSE T	O THIS APPLICATION ***
Applicant Print Name	Signature	 Date