

7387 S. Campus View Drive • West Jordan, UT 84084 PHONE: 801-567-8150 • FAX: 801-567-8056 www.jordandistrict.org

June LeMaster, Ph.D., Administrator, Human Resources

## **VOLUNTEER APPLICATION FORM**

~MUST BE SIGNED BY THE PRINCIPAL AND PROVIDED TO HR AT THE TIME OF FINGERPRINTING~
\*It is requested volunteers complete a background check at least one week prior to the field trip\*

l	Name						Phone	#:	
		<del></del> _	First	M	Last		•	_	
	ddress _				City		_	Zip	Code
		ocation you will vo					Date		
			atives who attend thing only in the classi			unteering?	Yes □ Yes □		
Box 1	Whicl	Which classroom teacher will you be volunteering for?  ☐ Classroom Teacher Name: ☐ *Field Trip – Date of Field Trip						eld Trip	
Box 2	Please answer the following questions:  a. Have you ever been convicted of a violation of law other than a minor traffic violation?								
×3	11	the last three (3) years, have you worked in a PAID position where you were required to directly care for, supervise, control or ave custody of a child? Yes \(\Boxed{\sigma}\) No \(\Boxed{\sigma}\) If yes, please provide the following information:							r, supervise, control or
Box	Comp	oany Name			Superv	isor Name			
	Super	rvisor Phone #			Supervisor Er	mail			
AGREEMENT (Utah Code 53A-15-1511)  I certify that the answers given are true and correct to the best of my knowledge. I authorize Jordan School District to make such investigations and inquiries of my personal employment, and other related matters, as may be necessary in arriving at a decision. I authorize the Jordan School District to contact my current/most recent qualifying employer(s) requesting information regarding any employment action taken or discipline imposed against me for the physical or sexual abuse of a child or student and agree to hold harmless said employer(s) for good faith disclosure of requested information. In accordance with Utah State law, Jordan School District may conduct a criminal background check and I hereby waive my rights to further written notice of such. I understand that false or misleading information I provide on this document or in interview(s) may result in denial of volunteer opportunities. I understand, also, that I am required to abide by all rules and regulations of the Jordan School District.  I agree that all the work I perform will be non-compensable. I am aware this volunteer position will be providing support services to students and/or Jordan									
School District and I hereby declare I am able to perform the duties without endangering myself or others. I hereby release and hold harmless Jordan School District, its officials, employees, agents and insurers from any and all liabilities in connection with or arising out of my volunteering. As a volunteer, I agree to dress appropriately.									
Signature of Volunteer  * If this volunteer will not have "Significant Unsupervised Access" to students, maintain a copy of this form in your school file only.									
Under my direction, the above listed volunteer will have "Significant Unsupervised Access" to students within my school. If the volunteer is a new volunteer at my school and answered "Yes" in Box 3, I am required by Utah Code to attempt to contact his/her supervisor to verify the following reference information: "Has this person had any employment action taken, or discipline imposed against him/her, for the physical or sexual abuse of a child or student?" Yes \( \Boxed{\text{No}} \) No \( \Boxed{\text{If yes, details are listed:} \)  If yes, the volunteer will not be allowed unsupervised access to students until a background check is cleared by Human Resources.  Reference by Contacted by (Email/Phone) on Status: Message/Complete									
_		Name of Employee checking Signature of Prince	ing reference	Person contac		one Date	e Contacted  Date		Circle One