PARKVIEW SCHOOL DISTRICT VOLUNTEER DISCLOSURE AND CONSENT FORM

The Parkview School District thanks you for your willingness to volunteer/work with our students and staff. It is the policy of the Parkview School District to require all prospective volunteers/employees/student teachers to complete this disclosure and consent statement. Subsequently, the Parkview School District will complete a formal criminal record check for conviction(s) and pending charges.

I and				
Last	First	Middle		
Former Name(s)/Alias(s)				
Last	First		Middle	
Last	First	Middle		
Address				
Street	City		State	Zip
Contact Number				
Date of Birth///	Gender	Race		
I authorize the Parkview School Dis School District conduct a full and of District will verify the information p	thorough criminal backgrou rovided above. I hereby releas	nd check. I underse the School Distr	stand that the lict, its Board of	Parkview So of Education
ts agents as well as all providers of				
its agents as well as all providers of related to arrests and convictions. My signature below indicates that have provided on this form is com release all involved from any liabil	plete and truthful, and that	I consent to a cri	minal backgr	

APPROVED: April 19, 2010

January 24, 2011 May 18, 2015 **AUGUST 15, 2016**