

LARAMIE COUNTY SCHOOL DISTRICT #2

Volunteer Information Form

Please print or type

Today's Date _____

Name _____
Last First Middle Initial

All Previous used names _____

Address _____ City, State, Zip _____

() _____ - _____
Telephone number Birth Date Social Security Number

1. What volunteer work will you be doing?

2. Have you ever been convicted of a felony or misdemeanor crime (other than minor traffic offenses)? YES NO *If yes, please list them below and attach a description of each crime.

CRIME DATE LOCATION (CITY, COUNTY, STATE)

3. Has the Department of Family Services (or equivalent agency in another state) ever substantiated a report against you for abuse or neglect? YES NO If yes, please elaborate below, including dates, location and nature of incident(s).

INCIDENT DATE LOCATION (CITY, COUNTY, STATE)

Use additional pages if necessary

I hereby attest that all information I am submitting is true and complete to the best of my knowledge. I understand that any intentional misrepresentation may result in termination of my right to serve as a volunteer in LCSD#2. I authorize LCSD #2 to contact agencies to disclose information about events listed above.

Signature of applicant: _____

Adoption Date: April 11, 2005