

Please sign this page and return to the school office

I have received, read, and understood the volunteer handbook and will abide by the policies and guidelines outlined in this document and Board Policy 916. By signing and returning this slip, I am in agreement of the District's guidelines and will be diligent in following them. Furthermore, I understand that all volunteers must have a TB test and some are required to obtain state, federal, and child abuse clearances which must be on file with the Big spring School District.

Building/Department

Teacher/Coach

Print Name

Signature

Date

Email address

Phone Number

----- *For office use only* -----

Date received

Signature of individual receiving form(s)

_____ Proof of TB testing

_____ Act 34 Criminal Background Check (for certain categories of volunteers)

_____ Act 151 Child Abuse (for certain categories of volunteers)

_____ Federal Criminal History Record Information (unless exempt)

Approved: _____