



Volunteer Applicant Disclosure Affidavit

FOR SECURITY USE ONLY

Building _____

Date of Event _____

Volunteer Position – WYA / BUCKET OF LOVE

Teacher Name _____

Student Name _____

Volunteer:

- ☐ Approved
☐ Denied

Driver:

- ☐ Approved
☐ Denied

Date: _____

By: _____

Thank you for volunteering in the Waterford School District. Numerous studies show that parents/guardians are the most important influence in a child's life, even into adolescence and early adulthood stages. A parent/guardian's "first-hand" demonstration of support for our schools establishes a pattern of cooperation that will stay with a child for a lifetime. To ensure our students remain in a safe learning environment we are asking you to complete the affidavit below.

I, the undersigned volunteer, affirm that I, whether as an adult or juvenile, **HAVE AT ANY TIME**, been convicted of, pleaded guilty to (whether or not resulting in a conviction), pleaded nolo contendere or no contest to, been diagnosed as having or treated for any mental or emotional condition arising from, resigned under threat of termination of employment or volunteer work for: any allegation, any conduct, matter, or thing (irrespective of the formal name thereof), constituting or involving (whether under criminal or civil law of any jurisdiction):

YES

- ☐
☐
☐

NO

- ☐
☐
☐

Any felony (*Applicants with a felony conviction will be denied.*)
Any misdemeanor
Other

If you answered YES to any of the above items, please provide the information below. Date and Reason for Conviction:

Waterford School District reserves the right to "approve" or "deny" any volunteer service upon review of the background check returned through ICHAT. The determination will be based upon the individual's fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting the background check information, is grounds for immediate volunteer denial.

Volunteer Name _____
(First, Middle, Last – PLEASE PRINT CLEARLY)

Home Phone # _____

Sex _____ Race _____
(White / Black / Asian / American Indian / Other)

Date of Birth _____

Address _____ (Street / City / Zip Code)

COMPLETE THIS BOX ALSO IF YOU ARE VOLUNTEERING TO DRIVE

By signing below, I consent to possessing a valid driver's license, and my vehicle complies with state and federal laws and I carry auto insurance including a minimum of \$100,000/\$300,000 of liability coverage. I understand that any driving infractions on my record may result in denial to drive students other than my own child.

Elementary School Drivers: I have _____ seat belts and/or _____ approved booster seats (for children between the ages of four and eight and less than 4 feet 9 inches tall) available in my back seat(s).

Driver's License # _____

The above statements are true and complete to the best of my knowledge. This signature authorizes the Waterford School District to process a criminal records check and/or driver's license search with the proper State agencies.

Signature of Volunteer _____

Date _____

Fingerprinting Required: Yes ☐ No ☐ - If yes, please report to Human Resources for processing _____

H/R Approval / Date

Account number to charge for fingerprinting fees: _____