



# HARRISON COUNTY SCHOOLS VOLUNTEER APPLICATION



**Form must be completed each school year and have copy of TB card attached.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home No: \_\_\_\_\_ Work No: \_\_\_\_\_ Cell No: \_\_\_\_\_

References:

\_\_\_\_\_  
Name Phone No.

\_\_\_\_\_  
Name Phone No.

Have you ever pled guilty to or been convicted of any crime? (*Other than vehicular moving violations*)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

Do you have any type of current charge pending against you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

Special interests and hobbies: \_\_\_\_\_

Please list days and times that you wish to assist at the school: \_\_\_\_\_

I hereby authorize previous employers and references designated by me to supply information to the school principal regarding this application. I release them from any liability and responsibility arising from supplying this information.

I realize that the disclosure of any information that is confidential in nature will result in the revocation of my privilege as a parent volunteer, I understand that any and all information regarding students, staff, or parents must be treated with extreme confidentiality.

I attest, under penalty of perjury, that the information I have provided above is true.

\_\_\_\_\_  
Volunteer's Signature Date

**REMINDER - If you have students at more than one school, a form must be filled out for each school.**

**RETURN FORM TO THE SCHOOL PRINCIPAL.  
Form must be completed each school year` and have copy of TB card attached.**