



School Volunteer Application

Thank you for your interest in volunteering on behalf of our students and schools. The MCSD is committed to make every reasonable effort to provide a safe learning environment for students working with volunteers at school or school-sponsored activities. Please provide us with the following information:

School: _____ Date of Birth: _____

Full Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____
Street/Apartment # State Zip Code

Phone (home): _____ (work) _____ (cell) _____

Email address: _____

Emergency contact: _____

Volunteer Disclosure Statement

Other than a minor traffic violation, have you ever been *convicted of any crime, misdemeanor or felony?

Yes No

**The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication and an adjudication of guilt or delinquency as a minor. Note: Convictions will not necessarily bar you from service as a volunteer. We will consider the number, nature, seriousness and recency of the convictions in making our decision.*

Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?

Yes No

Do you currently have charges pending relating to child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?

Yes No

Are you now, or have you ever been, listed on the sexual offender registry, child abuse registry or adult abuse registry?

Yes No

Any "yes" answer requires a more in-depth interview with a district administrator and may also require the applicant to sign a waiver giving the district permission to conduct an Iowa criminal history record check.

The district reserves the right to conduct random background investigations of volunteers who have answered "yes" to any of these questions. If a volunteer is selected for a random background investigation, the volunteer will be required to sign a waiver giving the district permission to conduct the investigation.

PLEASE LIST NAMES AND CONTACT INFORMATION OF 3 REFERENCES

1. _____

2. _____

3. _____

The information provided above is accurate and complete.

Signature of volunteer applicant _____ Date _____

It is the policy of the Marshalltown Community School District not to discriminate on the basis of race, color, national origin, sex, disability, religion, creed, age (for employment), marital status (for programs), sexual orientation, gender identity and socioeconomic status (for programs) in its educational programs and its employment practices. There is a grievance procedure for processing complaints of discrimination. If you have questions or a grievance related to this policy please contact Anthony Spurgetis, Equity/Affirmative Action Coordinator, Marshalltown Community School District, 1002 South 3rd Avenue, Marshalltown, IA 50158, Phone 641-754-1000. Email – aspurgetis@marshalltown.k12.ia.us. or the Director of the Region VII Office of Civil Rights, Department of Education, Kansas City, MO.