

Sioux Falls School District



Adult Volunteer Registration Form

"To educate and prepare each student to succeed in a changing world."

Name _____
Last First M.I.

Address _____
Number Street Apt.

City State Zip

Phone _____ **E-mail** _____
Day Evening

Employer _____

Employer Address _____
Number Street Ste

City State Zip

Emergency Contact Person _____
Name Relationship

Address Phone

Do you use illegal drugs? YES NO (circle one)

Do you have a valid SD Driver's License? YES NO (circle one)

PLEASE READ BEFORE SIGNING

I understand that:

- The information that I have provided may be verified, and I give permission to the Sioux Falls School District to make inquiry of others, including a criminal background check, concerning suitability to act as a school volunteer.
- The information that I have provided will be used by school personnel and/or volunteer coordinator (who may not be a School District employee) to recruit and assign volunteers.
- Personal information regarding students, families, and staff members is confidential and I agree to keep said information in strictest confidence.
- The relationship between the Sioux Falls School District and volunteers may be terminated at any time without cause by either the volunteer or the School District.
- No one whose name appears on the Sex Offender Registry will be allowed to volunteer in the Sioux Falls School District.

I affirm that I have read and agree to the above and also affirm that the information I have given is accurate and complete.

Signed _____

Date _____