



Date	
Mailed	
Ref Rec'd	
SRS Rec'd	
KBI	
DMV	

Registration Form for...

- ☐ Classroom Volunteer Pages 1-4
☐ Building Volunteer 1-5
☐ Chaperone Pages 1-5
☐ Driver Page 1-6

Name of School(s) you want to volunteer for _____

Are you a parent or relative of a student at this school? Yes or No

If yes, student(s) name(s)/grade _____

Relationship to student(s) _____

Full Name _____	Date _____
Address _____	
Street _____	City _____ State _____ Zip Code _____
Home Phone _____	Work Phone _____
Social Security Number: _____	Birth Date _____
Your driver's license number: _____	State _____
Email Address: _____	
Emergency contact: _____	Ph: _____
If known, please give the name of the event or program you would like to volunteer for. _____	
Can we save your volunteer information for possible future volunteer needs? Yes _____ No _____	

List addresses for the past three years, if different from above: *(Use back if more space is needed)*

Dates	Address	City	State	Zip Code
Dates	Address	City	State	Zip Code

List employers for the past three years: *(Use back if more space is needed)*

Current	Name	City	State	Zip Code
Current	Name	City	State	Zip Code

Indicate any experience, education or training that you have had relevant to your role as a volunteer:

Indicate any physical limitations that would interfere with your ability to perform certain types of activities required by your volunteer role:

Indicate by checking the box below if you:

- ☐ have been convicted of a crime involving drugs, sex, or physical violence
☐ have a history of child molesting
☐ currently use illegal drugs or abuse alcohol
☐ have been substantiated by Social Services for child abuse or neglect or domestic violence.

If you have checked any of the above, the school may call you to discuss further.

USD 305 does not discriminate on the basis of race or ethnic background, sex, or disability in admission or access to, treatment or employment in its programs and activities. The social security number is required for background checks. All information is kept in highest confidentiality at the Public Information Office.

******Please allow at least 2 weeks for Volunteer Clearance to be Completed******

Three non-family references

(information must be filled out completely, mailing addresses needed, #, street, etc. email optional)

1.	Name_____	Relationship_____
Address_____		
	Street_____	City_____State_____Zip Code_____
How long have you known this person?_____		
Email:_____		
2.	Name_____	Relationship_____
Address_____		
	Street_____	City_____State_____Zip Code_____
How long have you known this person?_____		
Email:_____		
3.	Name_____	Relationship_____
Address_____		
	Street_____	City_____State_____Zip Code_____
How long have you known this person?_____		
Email:_____		

Gender (Circle One): Male or Female

I authorize Salina Public Schools to:

- ☐ contact the references that I have listed
- ☐ perform a criminal background check
- ☐ driving history check
- ☐ child abuse registry check

Signed:_____Date:_____

Are you a member of RSVP (Retired Seniors Volunteer Program)? Yes or No

Would you like more information about the benefits of RSVP? Yes or No

- The Salina Public Schools are smoke, alcohol, and drug-free zones.
- No one other than school staff may take a student off campus without written permission of the parents and the school principal.
- No child is to receive any form of corporal punishment.
- No one other than approved school staff may administer medicines.
- Students, staff and volunteers should refer any injury or accident to the classroom teacher who will follow the proper procedures.
- Information received as the result of an individuals activities in the school is to be kept strictly confidential

Please sign the following pledge:

I agree to abide by the policies, procedures, and regulations of the Salina Public Schools. I certify that all information given above is true and accurate.

Signed_____Date:_____

******Please allow at least 2 weeks for Volunteer Clearance to be Completed******



CONFIDENTIALITY AND ETHICS

The issues of confidentiality and ethics are extremely important when taking part in the volunteer support of our schools, whether in the classroom or outside the classroom. Each volunteer must make the commitment to keep sensitive student information strictly confidential. The following items are not for public dissemination:

Student Progress
Student Behavior
Student Medical Situations
Student Home Life Situations

It is our obligation to protect the rights and preserve the self-respect of the students

If a volunteer has a concern for the safety or well being of a student, stemming from an observed situation, that concern should be brought to the teacher or administrator.

Confidentiality is the volunteer's obligation for the well being of the Student

Thank You for your willingness to volunteer with our students and staff. Your contribution of time is precious to us!

Volunteer Level: Classroom Volunteer___ Building Volunteer___ Driver/Chaperone___

I agree to observe the confidentiality and ethics statement above.

Signature _____

Printed Name _____

School(s) _____

USD #305-Salina Public Schools
Volunteer Coordinator
Phone-785-309-4700

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Child Abuse and Neglect Central Registry
P.O. Box 2637 • Topeka, KS 66601 • DCF.CentralRegistry@ks.gov

OBI 1011
9/2018
Page 1 OF 1

Release of Information

Complete form by printing legibly in ink. Fee of \$10.00 per Release of Information form may be required prior to processing.

All releases and fees are to be sent to the address or email listed above (see below for specifics)

CONFIDENTIALITY: *Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.*

Contact Person: Jennifer Bradford-Vernon **Agency/Org.:** Salina Public Schools
Phone #: 785-309-4700 **Address:** PO Box 797
Email: Jennifer.BradfordVernon@usd305.com **City/State/Zip:** Salina, KS 67402-0797

Return Results by: ☒ Encrypted email (list if different than above): christine.fletcher@usd305.com ☐ Postal Mail

Payment/Account Information (check box which applies)

<input type="checkbox"/> <i>Fee included</i>	\$10 per request. Check, Money Order (payable to DCF) or cash. <u>Postal mail only.</u>	
<input type="checkbox"/> <i>Online Payment*</i>	www.dcf.ks.gov – ‘Online DCF Payments’ bottom of page. Payment Portal. Submit receipt with ROI form(s).	
<input checked="" type="checkbox"/> <i>Pre-Pay Account*</i>	Agency/Org. has Pre-Pay Account.	FEIN: 48-6017165
<input type="checkbox"/> <i>Mentoring Account*</i>	As listed in the Kansas Mentors' Partner Directory. http://mentorkansas.org/Find-a-Program	
<input type="checkbox"/> <i>Exempt*</i>	No fee for State government agencies (Sub-contracting agencies not included).	

*Release of Information forms may be submitted via email to DCF.CentralRegistry@ks.gov

APPLICANT: *Instructions: PRINT CLEARLY. All requested information is required for processing. Incomplete or illegible information will result in processing delays for the Release of Information. Use 'N/A' rather than leaving a space blank.*

FIRST, MIDDLE, LAST NAME: _____

I give permission for the release of any of my information in the Child Abuse/Neglect Central Registry to the contact listed above. I understand the information released is for their exclusive and confidential use:

☐ Yes ☐ No

This organization/person/agency may check my information each year I am employed or associated with them:

☐ Yes ☐ No

OTHER NAMES USED: (Any/all aliases, married, maiden, nicknames, etc. 'N/A' if none used.): _____

DATE OF BIRTH: _____

RACE: _____

SOCIAL SECURITY #: _____

GENDER: ☐ Male

☐ Female

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

DCF ONLY:

MATCH

This applicant is listed in the Child Abuse/Neglect Central Registry.
Per KSA 65-504 and 65-516 this person prohibited from working, residing, or volunteering in a licensed child care home or facility.
(see attached document for more info.)

CLEARED

Kansas Central Repository

Manual Record Check Request

This page is used to provide identifying information for one person to be checked. The Full name and Dated of Birth are mandatory fields: the record check cannot be done without at least those two fields. Please include as much additional information as possible to ensure the best search is conducted. Note that each search permits the additional of one alias or maiden name. If the subject f the search has been known by three or more names, then submit a second record check form for the third name. Searching the first two names will be done in the first record check. The third name searched constitutes a new, billable record check.

Attach additional copies of this page as needed for more searches.

This is not the proper form to use for CERTIFIED record checks. If you require CERTIFIED record checks, print the Request for Certified Record Check form found on the KBI Public Access site: www.accesskansas.org/kbi/criminalhistory.

Requested by: Jennifer Bradford-Vernon, Public Information Coordinator

Requestor Code: 806KS0305

Identification of the individual to be searched:

A fingerprint card [is / is not] included.

Full Name: _____
Last Name First Name Middle Name (Jr, Sr, III ...)

Alias/ Maiden Name: _____
Last Name First Name Middle Name (Jr, Sr, III ...)

Date of Birth: _____ SOCIAL SECURITY NO: _____ - _____ - _____
MM/DD/YYYY

Sex: _____ Race: _____ Place of Birth _____
(City, State or Foreign Country)

Height: _____ Weight: _____ Occupation: _____

Residence: _____

For KBI Use



DRIVER AGREEMENT

Name of School you will be driving for _____

NAME _____

(as it appears on your driver's license)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PH. _____ CELL PH. _____ WORK _____

Birth Date _____ Parent ? ____ Yes ____ No If No, relationship to student _____

Student(s) Name(s) _____

DRIVER LICENSE NUMBER _____ STATE _____

(A photocopy of your current license must be attached to this form.)

EMERGENCY CONTACT _____

Name

Phone#

VEHICLE Registration:

STATE _____ COUNTY _____ LICENSE PLATE NUMBER _____

YEAR _____ MAKE _____ MODEL _____

INSURANCE COMPANY _____ Policy _____

(Current proof of insurance must be attached to this form.)

Please be aware of the following:

- You must have a valid driver's license and proof of insurance.
- You must abide by any applicable rules, regulations, and statutes.
- Your automobile insurance is the primary coverage in the event of any accident.
- Seat belts will always be used. Children under 12 years of age or anyone under five (5) feet tall cannot ride in the front passenger seat if vehicle has an air bag.
- Children 8-years of age and younger weighing less than 80 pounds or are 4'9" or less must sit in a booster seat
- No unplanned side trips (e.g. shopping, errands, etc) will be allowed.
- You will not be compensated for your time or mileage.

In the past 3 years:

Have you had a chargeable accident? _____

Moving violation(s)? _____

Convicted of driving under the influence? _____

I have read the above and agree to abide by the rules listed. I will also inform Salina USD #305 if arrested for driving while impaired, if I have a chargeable accident, or if I have a traffic conviction. My signature certifies that the information is true and complete. I give Salina USD #305 permission to check my driving history.

Signature _____ Date _____

******Please allow at least 2 weeks for Volunteer Clearance to be Completed******