

**School Community Relations**

**School Volunteers**

**Parent Volunteer Form**

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

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

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name of Volunteer's Student(s)

School Attending: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Have you ever been convicted, or plead guilty to a felony or a misdemeanor related to sexual misconduct?      Yes\_\_\_\_      No\_\_\_\_

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a finding of probable cause of child abuse by any state agency been entered against you?      Yes\_\_\_\_      No\_\_\_\_

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

Falsification of this document is a misdemeanor.

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