

Hamilton Local School VOLUNTEER CHECKLIST

Any person interested in volunteering for any activity (field trip, Ohio Reads, band, sports...) must complete the following packet. Each school year a new packet and a CBI background check must be done before volunteering. Previous years volunteers will not carry over to next school year.

It is understood that each of the following must be completed entirely and be checked off and verified by the Administrative Office, located at 775 Rathmell Road, Columbus 43207, PH#491-8044x1202, please see Chrysis Thompson. CBI finger printing can be done at the Administrative Office at the cost of \$27.00. If you have not lived in Ohio consecutively for the last 5 years you will also need to have a FBI background check done. This can be done at the Sheriffs office for \$30.00, paperwork available at the Administrative Office.

An approved volunteer does not have open access to the school buildings. The volunteer must have approval from the Administrator of the building for any activities they will participate in. If there is any falsification of information the volunteer shall be disqualified immediately.

- ✓ VOLUNTEER INFORMATION SHEET
- ✓ VOLUNTEER APPLICATION
- ✓ VOLUNTEER RELEASE AND INDEMNIFICATION AGREEMENT
- ✓ BCI (BUREAU OF CRIMINAL IDENTIFICATION) COMPLETED
- ✓ FBI (FEDERAL BACKGROUND CHECK) if not lived in Ohio consecutively the last 5 years.
- ✓ PHOTO COPY OF LICENSE

APPROVED (Administrative office)

Signature

Date

HAMILTON LOCAL SCHOOLS VOLUNTEER INFORMATION SHEET

NAME: _____
MR / MRS / MISS (LAST NAME) (FIRST NAME) (MI)

SPOUSE: _____

CHILDREN IN DISTRICT: _____

ADDRESS: _____

(CITY) (ZIP CODE)

PHONE #: () _____ () _____
(HOME) (CELL)

SOCIAL SECURITY #: _____ - _____ - _____

DATE OF BIRTH: ____/____/____

IN CASE OF EMERGENCY CONTACT:

NAME 1: _____

PHONE #: () _____ () _____
(HOME) (CELL)

NAME 2: _____

PHONE #: () _____ () _____
(HOME) (CELL)

MEDICAL CONDITIONS / MEDICATIONS

(PLEASE LIST FACTS CONCERNING ANY MEDICAL HISTORY, INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN AND ANY PHYSICAL CONDITIONS TO WHICH THE SCHOOL SHOULD BE ALERTED)

THIS INFORMATION IS KEPT CONFIDENTIAL AND IS FOR OFFICE PURPOSES

(SIGNATURE) (DATE) ____/____/____



HAMILTON

LOCAL SCHOOL DISTRICT

775 Rathmell Road, Columbus, Ohio 43207

VOLUNTEER APPLICATION

VOLUNTEER FOR: _____ DATE _____

All volunteers must have a fingerprint background check processed through the Bureau of Criminal Identification and Investigation (BCI). BCI checks are processed at the Administrative Offices for a \$27.00 fee which is the responsibility of the applicant. If you have not lived in Ohio consecutively for the last 5 year you are also responsible for a FBI (Federal background check) to be completed by the Sheriffs department for \$30.00.

P E R S O N A L	Last Name		First Name	Middle	Home Phone w/Area Code
	Street Address				Social Security Number
	City, State and Zip Code			Business Phone	
	How long at the above address?		Previous Address		

E D U C A T I O N	List Most Recent First Institution	City/State	Dates Attended	Major Area (s) of Study	Diploma/Degree or Semester Hours

THE HAMILTON LOCAL BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER

Please list names and addresses of persons having knowledge of your character and/or teaching abilities that would not appear in the credential file from the placement bureau.

R E F E R E N C E S	Name	Official Position	Address and Phone Number

Have you ever been convicted of a criminal offense other than a traffic violation involving a fine of \$200.00 or less? Yes ___ No ___ If yes, please explain the nature and date(s) of occurrence(s): _____

OTHER

It is understood and agreed that the Hamilton Local School District may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCI) for a background check and I hereby consent to such inquiries. It is understood that if I come under final consideration for appointment of employment or volunteer in a position as a person who is responsible for the care, custody, or control of a child (which may include nonteaching employees), and, as a precondition to employment and volunteering, I shall be required to provide a set of fingerprint impressions, and a criminal records check shall be conducted and must be satisfactorily completed.

I understand that if I am employed or volunteer prior to the District's receipt of the BCI report and verification of my experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contact with former employers; 2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations regarding applicant/employee criminal records and disclosure of criminal conviction listed in category OTHER; and 3) a satisfactory result of the criminal records check. If further understand that falsification of any and all information on this application shall result in my being disqualified from employment or volunteering or in my employment or volunteering being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed or volunteering, tender my resignation of employment or waive my ability to volunteer should I fail to fulfill these conditions.

Signature _____ Date _____

