

For office use only:

Init. _____ Date: ____/____/____
Init. _____ Date: ____/____/____

Norfolk Public Schools' District Access/Volunteer Request Form

Norfolk, Nebraska

Please Print

Date: ____/____/____
Month Day Year

Last Name: _____ First: _____ Middle Initial: ____ Maiden: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Cell Phone (Optional): (____) _____ Work Phone: (____) _____

Birthdate: ____/____/____ Age: ____ Gender: Male - ____ Female - ____
Month Day Year

Driver's License Number (if driving school vehicle): _____

Purpose for Request:

Reason(s) you will be in a Norfolk Public School facility/driving a vehicle: _____

Building(s): _____

Anticipated Date(s): ____/____/____ to ____/____/____

District Access Requested:

____ - E-mail ____ - Infinite Campus ____ - Other - Specify: _____
____ - Photocopier Code ____ - Driving Course _____

Supervising Staff Member's Signature: _____

Have you ever been charged with an offense, been arrested, or been convicted for a criminal offense relating to sexual or physical abuse? If yes, complete below:

Year City/State Conviction - Details (A conviction will not necessarily exclude you from access/volunteering.)

____ _____ _____
____ _____ _____

Personal Data:

Please PRINT any other names you've used in the **past ten (10) years**.

<u>Years</u> (i.e., 2011 - 2013)	<u>Last Name</u>	<u>First Name</u>
____ - ____	_____	_____
____ - ____	_____	_____
____ - ____	_____	_____

Please list other cities/states you have lived in during the **past ten (10) years**.

<u>Years</u> (i.e., 2011 - 2013)	<u>Street Address</u>	<u>City</u>	<u>State</u>
____ - ____	_____	_____	_____
____ - ____	_____	_____	_____
____ - ____	_____	_____	_____
____ - ____	_____	_____	_____

If you have lived out-of-state in the last ten years, we will also need your social security number : _____

Personal History:

Yes	No	Please respond to the following questions by checking "Yes" or "No" in the columns on the left.
		Have you ever tested positive on an alcohol test administered by an employer?
		Have you ever tested positive on a drug test administered by an employer?
		Have you ever refused to test on any drug or alcohol test administered by an employer?
		Have you ever had a driver's license or CDL suspended, revoked or canceled, or been disqualified from operating a motor vehicle?
		Have you ever had a conviction of any serious traffic violation while operating any type of motor vehicle?
		Have you ever had a conviction for violating state or local law relating to traffic control (<i>other than parking</i>) arising in connection with any traffic accident?
		Have you ever been ticketed for speeding? Date of last moving violation ticket: ____/____/____
		Have you ever been asked to resign rather than face disciplinary action and/or non-renewal by an employer?
		Have you ever been convicted of a crime other than a traffic violation?
		Is any criminal charge currently pending against you in any state?

Employment Record: Please list present or most recent employer.

Organization: _____ Phone: (____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Is your supervisor still there? Yes-___ No-___ Don't know- ___

Date started: ____/____/____ Date left: ____/____/____ Type of work: _____

If you are still employed there, may we contact your current supervisor/employer? Yes-___ No-___

If not employed, reason(s) you left: _____

Authorization/Release of Information

- I certify that all the information provided by me on this form is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to allow or continue access to the district.
- I authorize any of the persons or organizations referenced on this form to give the Norfolk Public Schools any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this form; and I release all such parties from any and all liability for any damages that may result from them furnishing such information to the Norfolk Public Schools.
- I authorize the Norfolk Public Schools to request, receive, and verify all information given on this form and I release the Norfolk Public Schools, its Board of Education, administrators, employees, and agents from any and all damages that may result from the Norfolk Public Schools doing so.
- School policy requires that a criminal history record information check be completed prior to volunteering/district access. Once it is determined I meet the minimum qualifications, I authorize the Norfolk Public Schools to conduct a criminal background investigation and an investigation of the Nebraska Department of Human Services Central Registry using any and all methods necessary to successfully complete such investigation and I release the Norfolk Public Schools, its Board of Education, administrators, employees, and agents from any and all damages that may result from the Norfolk Public Schools doing so. I also authorize any background checks by any third party. I understand that a conviction does not automatically prevent me from making this application to the Norfolk Public Schools or is it a bar to volunteering/district access in all cases; however, I do understand that the existence of a criminal record may result in my not being given access, or if I am given access and the same is thereafter discovered, I may be terminated from volunteering/district access.
- I understand that any material submitted in connection with this form will become the property of the Norfolk Public Schools and not returned to me.
- NON-DISCRIMINATION NOTICE:** It is the policy of the Norfolk Public Schools to comply with federal and state law, and not to discriminate against requests for access on the basis of race, color, religion, sex, national origin, marital status, age, or disability. Sexual harassment is a form of misconduct which undermines the integrity of the district access relationship, and is prohibited.
- If requestor will be compensated for services, the Norfolk Public Schools will comply with Title 15, Chapter 41, Subchapter III, Section 1681c. of the United States Code in reporting of information requested hereunder and covered by said statute as the same may from time to time be amended. In addition, the Norfolk Public Schools will comply with Neb. Rev. Stat. §48-2301 to §48-2308, as the same may from time to time be amended. These statutes require an employer, who hires or rehires any one for any amount of income or compensation, to provide the Nebraska Department of Health and Human Services with the person's name, address, and Social Security number and the district's name, address and federal tax identification number.
- Upon termination of my district access, I authorize the release of reference information regarding my duties/responsibilities.
- A photocopy of this acknowledgment shall possess the same validity as the original for the purpose of authorizing the obtaining of the foregoing information and background investigation.

My signature signifies that I have read the foregoing acknowledgments and fully understand the contents thereof and that I will abide by Norfolk Public School District Board Policies (at www.norfolkpublicschools.org/) and confidentiality protocol.

Applicant's Signature: _____ Date: _____

Printed Name: _____