



"To Build Knowledge and Skills for Success Today and Tomorrow"

MEADE SCHOOL DISTRICT 46-1

VOLUNTEER SIGNUP FORM

Name: _____

Address: _____

Phone: _____

Email Address: _____

I want to volunteer at the _____ school/s.

I will be volunteering as a/an _____.

-Do you have a physical condition that would endanger the health, safety or welfare of students in Meade School District 46-1? If yes, please explain.

-Are you willing to submit to a background fingerprint check: Yes No

-Have you ever had a criminal background check with the Meade School District?

Yes No If yes, when? _____

-Have you ever been convicted of a felony? Yes No If yes, please explain:

Signature

Date

Please request fingerprint background check for volunteer.

Administrator Signature

Date