



D11 Engage Volunteer Registration Form

Entered Date: _____
Entered By: _____

Volunteer Details (Please print legibly)

*First Name: _____ *Middle Name: _____ *Last Name: _____
(Legal Name – e.g. Joseph, NOT Joe)

* Email Address: _____ *Date of Birth: _____ * Gender: **Male Female**

* Previous Names: _____ (Include maiden, previous married, alias, or other names)

*Address: _____ (Physical street address. No P.O. Box)

*City: _____ *State: _____ *Zip: _____

* Home Phone: _____ (include area code) Business Phone: _____ Mobile Phone: _____

*I am a: (Choose all that apply)

____ Parent/ Guardian

____ Business/Organization Partner (Organization Name): _____

____ GrandFriend/Retiree/Senior Citizen

____ D11 Staff

____ Community Member

____ Student (Please Circle One) D11 UCCS PPCC CC Regis Univ. Other _____

Are you a member of the PTA/PTO **Yes No** Are you a member of the Booster Club? **Yes No**

Volunteer Preferences

*I am registering as a volunteer at _____ (School where you will spend most time volunteering)

*Other schools where you would like to volunteer: _____

Please select the opportunity type(s) you prefer: Mentor _____ Tutor _____ Coach _____ Library _____ Clerical _____

Classroom Assistant _____ Classroom Speaker _____ Field Trips _____ Translator _____

Open - As Needed _____ (if you are available for any volunteer activities)

One-Time Volunteer _____ (if you will only participate in a single volunteer activity)

What other information will help us match you to volunteer opportunities: (include language, technical, business skills and school specific activities)

Yes No * Do you have any unresolved criminal charges against you, or have you ever been convicted of or pled not guilty or nolo contendere to any felony, misdemeanor, or alcohol/drug related traffic offense? (If Yes, Describe the offense and provide date, location and disposition on the back of this form.)

I understand that as a volunteer I am not an employee of CSSD11, and therefore am not compensated or entitled to Workers' Compensation benefits or in case of an automobile accident, any personal injury, property damage or liability coverage provided by CSSD11. I understand that CSSD11 or I may terminate this relationship at any time. I agree to abide by: (i) all rules, policies, and regulations of CSSD11; (ii) the rules of the Colorado High School Activities Association ("CHSAA") and the National Foundation of High Schools ("NFHS") (if I am volunteering with any athletic program); and (iii) the laws of the State of Colorado. CSSD11 policies and regulations are available on the CSSD11 website at <http://www.d11.org/BOE/Policies>. CHSAA and NFHS rules are available in the CSSD11 Athletic Office. In addition:

- I will only volunteer or volunteer coach while under the supervision of a District 11 employee.
- I will not place myself in a situation where I am alone with students unless I have submitted and cleared an extensive background check (as provided by policy IJOC and Regulation IJOC-R).
- I will abide by all District policies and procedures, conduct myself in a professional manner and use good judgment.

I understand that by signing this Volunteer Registration Form I am providing my permission for the District to conduct any background check on me that it deems necessary or appropriate.

I do hereby attest that all information on this form is true and complete to the best of my knowledge, and I understand that any misrepresentation of fact may result in the denial of registration and the opportunity to volunteer for the District.

By signing this form, I understand the requirement of self-reporting if I am charged with, convicted of or plead not guilty or nolo contendere to any felony, misdemeanor, or alcohol/drug related traffic offense.

*Signature: _____ Date: _____ (Return signed **original** to Volunteer Services)

*Driver's License, Military ID or Passport Verified: _____ Date: _____