



WE ARE YOUR SCHOOLS

## 2011-2012 FWCS Volunteer Application Form

Thank you for your interest in volunteering with Fort Wayne Community Schools. If you wish to volunteer at any FWCS school or accompany your child on a field trip, you must complete this form and return it to Community Programs for processing. Incomplete applications will cause a delay in the authorization process and may result in your ineligibility to volunteer. Thank you, again, for your cooperation and support..

### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Number where you can be reached: \_\_\_\_\_

School(s) where you would like to volunteer \_\_\_\_\_

In what role would you like to volunteer? \_\_\_\_\_

### Request for release of limited criminal history with Fort Wayne Police Department

By signing below, you authorize and give consent for FWPD to release any and all criminal history information regarding your person.

Print Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home address: \_\_\_\_\_ State, City, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Age: \_\_\_\_\_

**Your social security number is needed to complete the background check.** This information will be blacked out on the application once the report has been filed. **We DO NOT keep it on record.**

★ **A copy of a valid government issued i.d. MUST accompany this application** to complete the background check. This will be shredded once the report has been filed. **We DO NOT keep it on record.**

FWPD USE ONLY:	
Date: _____	
<input type="checkbox"/> no conviction date found	
<input type="checkbox"/> see attached limited criminal history	
<input type="checkbox"/> see Allen Co. Police Dept.	
Validated by _____	PE No. _____

### This form MUST be Notarized (not valid without seal)

Sworn and subscribed before me: This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

County of: \_\_\_\_\_

As a volunteer working with FWCS students, I agree to abide by all school rules and FWCS Board of School Trustees policies, honor the commitment to work as scheduled, and communicate regularly with school personnel.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to Community Programs, 1200 S. Clinton Street., Fort Wayne, IN 46802**