File: IICC12/14/2015Revised:04/25/2016



CLOVERLEAF LOCAL SCHOOLS VOLUNTEER STATEMENT

Please print using your legal name as it appears on your driver's license and/or State ID

Last Name		First Name	Middle Name		
Address		City	Zip C	ode	
Phone Number		Date of Birth	Gender		
I, (chec	k all that apply)	wish to volunteer for the	Cloverleaf Local School Dist	rict as	
	Supervised Building Volunte District/Building ID Badge r	rvised Building Volunteer (Level 1). Directly supervised by District Staff, ict/Building ID Badge required.			
	Unsupervised Building Volunteer or Chaperone (Level 2). Has unsupervised access to child(ren), e.g. library helper or overnight trip chaperone. District/Building ID Badge required. Requires FBI background check (at your expense) Background checks will be processed at the Cloverleaf Treasurer's office Monday-Friday 7:30 am - 3:30 pm (Treasurer's office is located in the High School building).				
	background check (at your e prerequisites. Copy of valid	2). Volunteer coach with after school sports. Requires BCI & FBI ur expense). Call 330-302-0308 to schedule, as well as other coaching valid cardiopulmonary, resuscitation (CPR) training required prior to ty Permit (PAP). Consult Athletic Director.			
	erstand that I may need to submau of Criminal Identification and			the Ohio	
that v	er, I understand that if I have be vould be disqualifying, I will im tteer activities immediately.				
(inclu acces autho insura comp	ee to abide by all relevant Board ading, but not limited to, the vol s to any and all student persona wized by law) I understand that, ance policy, I am not covered by ensation. Should I become ill that I shall be responsible for a	unteers obligation to keep co lly identifiable information to although I am covered under y its health insurance policy r or suffer an accident while do	nfidential and not release or per which he/she is exposed excer the district's general liability or am I eligible for worker's ing volunteer work for the Dis	ermit ept as	
	tture it this signed form to the following Bu ing Administrator Signature rec	ilding Administrator for approval.)	Date		
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Build	ling	Administrator	(Please Print)		
Signa	ture				