



School District of Milton  
Opportunity · Achievement  
Community

# VOLUNTEER FORM

*Please Print Clearly & complete BOTH sides of the document*

Legal Name: \_\_\_\_\_  
(Last, First, Middle Initial – Full LEGAL Name)

Maiden Name: \_\_\_\_\_ Any Aliases: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name(s) of your Child/Children:

_____	Grade _____	School _____
_____	Grade _____	School _____
_____	Grade _____	School _____
_____	Grade _____	School _____
_____	Grade _____	School _____

Name of staff member(s) and/or activities you would like to volunteer for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please complete the Volunteer Release on the back of this form.***



VOLUNTEER RELEASE FORM

I, as a volunteer working in the School District of Milton, fully understand that this position is strictly on a volunteer basis and therefore entitles me to no pay or wages for my service from the School District of Milton. I further understand that I am expected to follow the rules of behavior that are expected of the School District of Milton staff and other rules as they pertain to my duties. I do understand that my service to the District and my presence in the District as a volunteer is at the pleasure and direction of the District. I understand that I am not an employee of the District, and I am not eligible for any employment-related benefits, including, but not limited to, worker's compensation insurance.

I authorize the district to conduct a background check at the District's expense.

I acknowledge that all information on this form is truthful and accurate.

List all convictions and pleas of no contest or "nolo contendere" for any offense or violations (including felony, misdemeanor, or municipal ordinance) other than minor traffic violations, and list all pending criminal charges.

Are you a registered sex offender? \_\_\_\_\_

Convictions/Pleas of No Contest		
Location	Date	Nature of Conviction
Pending Criminal Charges		
Location	Date	Nature of Conviction

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

Date of Birth: \_\_\_\_\_  
(Required) mm/dd/yyyy

.....  
FOR OFFICE USE ONLY

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

This background report expires and is no longer valid after: \_\_\_\_\_  
(Date)