



CMCSS Volunteer Agreement Form

Personal Information:

Name: _____
First Middle Last

Address: _____ City, State, Zip: _____

Phone: Home: _____ Cell: _____ E-mail: _____

Other Names Used (if applicable): _____

Driver's License # _____ State _____ DOB ____/____/____

1. Have you ever had any allegation of child abuse filed in your name? ☐ Yes ☐ No
If yes, explain, giving dates: _____
2. Do you have any convictions of a criminal offense or felony offense, including conviction on a plea of guilty, a plea of no contest, or order of granting pre-trial diversion? **Note: If you were convicted of a felony offense, please refer to the CMCSS Volunteer Policy, [SAF-A005](#).** ☐ Yes ☐ No
If yes, explain, giving dates: _____
3. Does your name appear on any Sex Offender Database in any state or county? ☐ Yes ☐ No
If yes, please list the counties and states: _____

All district and building level volunteers must adhere to the district's procedures for volunteering (SAF-P009).

Confirmation and Signature:

I would like to participate as a volunteer to provide support and assistance to school personnel and students. I assume full responsibility for my actions while volunteering at all CMCSS facilities. I have read and agree to abide by the CMCSS Volunteer Code of Ethics (SAF-F028)

I further understand that as a volunteer, if I will not be alone with a student unless required and within view of school personnel. If I participate in a school-sanctioned overnight trip, I must provide a copy of my driver's license and be cleared in a background check through the TBI Sex Offender Registry.

I hereby certify that answers to all questions above, to the best of my knowledge, are true and complete. I understand that permission to serve as a volunteer for CMCSS will be contingent upon the answers provided.

Printed Name

Date

Signature