



TROTWOOD-MADISON CITY SCHOOL DISTRICT



3594 N. Snyder Road

Trotwood, OH 45426

(937) 854-3050

VOLUNTEER APPLICATION

Name:	Social Security Number:
Present Address:	
Home Phone Number:	Cell Phone Number:
Email Address:	Driver License Number:

Please list the areas and buildings you are interested in serving as a volunteer:

Education and Professional Training

School/Institution	Area of Study	Diploma/Degree	Dates of Enrollment
High School:			
College:			

Work Experience

Employer	Job Title	Supervisor	Work Task	Dates (From-To)

References

Give 3 references including individuals whom have knowledge of your character and ability to work with students.

Name	Job Title	Address	Phone Number	Email

All volunteers are required to complete an FBI and BCI background check. The results of this background check should be sent directly to Trotwood-Madison City Schools.

Please Read Carefully

I understand that falsification of any information furnished on this application is grounds for the rejection of this application and/or dismissal of my volunteer status. I certify that all information provided is true and complete to the best of my knowledge, and I hereby authorize agents of Trotwood-Madison City Schools to investigate. I understand that any such investigation may include, but not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and Investigation and other law enforcement agencies. I accordingly agree to cooperate promptly and fully during the application process in being fingerprinted and otherwise completing and signing all forms required for any such inquiry. I acknowledge that my failure to do so may result in the rejection of my application. Furthermore, I hereby give my permission to the Ohio Bureau of Criminal Identification and Investigation, law enforcement agencies, and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose this information to agents of Trotwood-Madison City Schools all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing this information, and their respective agents from any and all liability in connection therewith to the full extent permitted by law.

Signature: _____ Date: _____

Applications should be returned to the Department of Human Resources. Questions concerning your application or your application status should be directed to Human Resources at (937) 854-3050, extension 1123.

Office Use Only:

Volunteer Referred to Trotwood-Madison by: _____

Building Principal Approval: _____ Date: _____

Checklist:

BCI: _____ Copy of Driver's License: _____

FBI: _____ Signed Waiver of Liability: _____

Approval by Director of Human Resources: _____ Date: _____