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**BOWLING GREEN INDEPENDENT SCHOOLS  
BOWLING GREEN, KENTUCKY  
PARENT VOLUNTEERS APPLICATION**

*KRS 161.148 Requires that this form be completed for any adult who wishes to volunteer for ANY school activities*

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Alias/maiden name (list all previous names): \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a regular job: Yes No Employer Name: \_\_\_\_\_

Full-time? Part-time? Business Phone: \_\_\_\_\_

At which school would you like to volunteer? \_\_\_\_\_

Do you have children or relatives at that school? Yes No

Child's name \_\_\_\_\_ Grade \_\_\_\_\_ Child's name \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Grade \_\_\_\_\_ Child's name \_\_\_\_\_ Grade \_\_\_\_\_

**In order to maintain a safe environment for our staff and all students enrolled in our school system, a crime search report must be completed, at no cost to you.**

Do you have any objections? Yes No If yes, why? \_\_\_\_\_

Has a crime check been ever been completed on you in our school district? Yes No  
If so, which school? \_\_\_\_\_

**I understand that as a volunteer, I will respect Bowling Green Independent School District's rules and regulations. All records and other information will be kept confidential. I will sign in upon my arrival to the school and sign out at my departure.**

\_\_\_\_\_  
Volunteer Signature Date Approved by Date

# Volunteer Statement

I \_\_\_\_\_ AFFIRM THAT:

(Print Name)

- I shall respect the privacy of families, teachers and students and hold in confidence all information obtained in the course of volunteer work and activities.
- I shall be responsible to handle, store or dispose of records in ways that maintain confidentiality.
- I shall possess a professional attitude which upholds confidentiality toward families, students, teachers and any sensitive situations arising within the school.
- I, upon termination of my work as a school volunteer, shall maintain confidentiality with regard to families, teachers and students of this school.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE