



FORM EG-4106-A

Independent School District No. 621
4570 Victoria Street N., Shoreview, MN 55126

VOLUNTEER CRIMIAL BACKGROUND CHECK

Date: _____

The following named individual has made application to volunteer at Bel Air Elementary School
Of Mounds View Schools.

The program he/she is volunteering for is: _____

VOLUNTEER COMPLETES THIS SECTION -- PLEASE PRINT CLEARLY

Full name of volunteer: _____
Last First Middle

Maiden, Previous, Alias: _____

Date of Birth: _____

***! REQUIRED: I have attached a copy of my driver's license or government issued photo ID to aid in this process.**

I outhoriz the Minnesota Bureau of Criminal Apprehension to disclose my criminal history record information to Mounds View Schools pursuant to Minnesota State Statue 123B.03 for the purpose of volunteering with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of applicant

Date

Revised: 10/25/2018

Student name _____

District Bullying and Harassment Policy may be found at:

www.moundviewschools.org and select the following options:

- Schools
- Bel Air Elementary
- Parent Resources
- District Bullying & Harassment Policy

Or by visiting the school.

Harassment and Bullying	
<p>I, _____, as an employee/volunteer of Mounds View Public Schools I have been provided a copy of EG-3104 regarding Harassment and Bullying.</p> <p>I have had an opportunity to read the policy and regulation and understand that I will be responsible for enforcement of the policy and regulation as I perform my duties as an employee/volunteer with the district.</p>	
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>

I am available to volunteer for schoolwide events (picture day, vision and hearing screening, etc)

Email: _____

Phone: _____

I certify that the information I have given in this application is complete and accurate. I understand that if I have misrepresented application information and/or fail to adhere to program guidelines, I may have my application approval withdrawn. I understand that submitting this application does not guarantee my acceptance into the Volunteer Program, and that assignment of volunteer work is at the sole and exclusive discretion of the School District. For purposes of the Minnesota Child Protection Background Check Act, Minn. Stat. 299C.60.299C.64, I understand that I may be required to complete a Child Protection Background Check.

I also specifically understand and agree that any volunteer relationship with the School District may be discontinued at any time by either party for any reason not prohibited by law.

Signature: _____ Date: _____

October 2018