

(4) AVAILABLE TIMES: (Be Specific) _____ a.m. to _____ a.m. and/or _____ p.m. to _____ p.m.

(5) AVAILABLE DAYS:
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

(6) Other area/areas you would like to serve _____

Do you have any health problems that would limit your ability to perform as a volunteer in any specific area?
Yes _____ No _____

If yes, please explain. _____

Have you ever been charged with, plead guilty or no contest to, or been convicted of any criminal offense other than a minor traffic offense? Yes _____ No _____

I understand that if I become a volunteer in the Bethany Public School System I am expected to follow the procedures and guidelines established by the individual schools and the Board of Education. I also understand that by submitting this application I am subject to a background check. I agree and consent for such background check and investigation to be conducted, if deemed necessary, and agree to hold the school system and all officials, representatives, and employees of the forgoing harmless from all claims for libel, slander, defamation of character, invasion of privacy, intentional infliction of emotional distress, negligence, and similar claims as a result of information obtained from such background check and investigation. My presence on any Bethany School campus as a volunteer is an indication that I believe myself to be medically and emotionally fit to serve as a volunteer in the Bethany Public School district.

I also certify that I do **not** have to register as a sex offender, pursuant to Title 57, Sections 581-587 of the Oklahoma Statutes.

Date of Birth (To Be Used for Background Check) _____

Social Security Number (To Be Used for Background Check) _____

Signature _____ Date _____

Name of Volunteer