

HOPKINS COUNTY SCHOOLS

Authorization and Waiver for Volunteers

I, the undersigned, having made application for employment with the Hopkins County Board of Education, hereby authorize any and all, of such agents, or designees as they from time-to-time appoint, to make such inquires and to do such investigation as may be deemed necessary or appropriate to verify information given by me concerning my present or past employment, education, and character. I agree that in giving authorization and release I shall indemnify and hold harmless each and every person, firm, organization or agency furnishing information about me. I specifically authorize and direct any and all departments or agencies of government, whether federal, state, or local, including any and all law enforcement agencies, to accept this, or a photo static reproduction hereof as my authorization to release information to its agent or designee, information concerning me, including, but not limited to, records of any arrest or detention, military personnel records, records of licenser or registration and any and all applications, background reports, or regulatory files kept or received in connection with such licensure or registration, or any other information pertaining to me as through such information were being released to me. The applicant waives any claim which he or she may have against the Hopkins County Board of Education, their agents and employees in the use, communication, transfer and transmittal of any and all reports obtained pursuant to this authorization and waiver. I release each and every department or agency which may be requested to, or which does furnish information about me, from any requirement to notify me of presentation of such request or release pursuant to this authorization, or photo static reproduction hereof, except as may be required by law. I understand that investigation of me may touch upon, or include request for information concerning my character, personal habits and associates now, or in the past. I further understand that information about me may be reviewed, reevaluated or updated from time.

The Hopkins County Board of Education requires and will pay for state criminal records checks for those volunteering based on the KRS definition below.

KRS 161.148 defines a volunteer as anyone who:

- *has contact with students on a **regularly scheduled or continuing basis**; or*
- *has **supervisory responsibility for children at a school site or on school-sponsored trips.***

A state criminal records check may be conducted at any time on any volunteer upon request of the Superintendent/designee.

Full Name: _____

Maiden/Alias Name: _____

Street Address / PO Box: _____

City, State, Zip Code: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

E-Mail Address: _____

School(s) where you would like to volunteer: _____

Social Security Number: _____ **Are you a current employee? Yes or No (Please circle one)**

Date of Birth: _____ **Driver License #:** _____

I am interested in the following:

- Field trips Clerical work Work with students Assist in supervising students

I attest that I am seeking to volunteer in an academic or mentorship capacity and allow Hopkins County Schools to pay for my state criminal records check. I certify that I have read each of the provisions of this Authorization.

_____/_____
Signature / Date