

WINDHAM SOUTHWEST SUPERVISORY UNION
VOLUNTEER REGISTRATION FORM

PLEASE PRINT CLEARLY
GENERAL INFORMATION

Name: _____
 First Middle Last

E-mail Address: _____

School Year: _____

Alternative First Name(s) (please list any other first name(s) you've used, e.g., nicknames):

Alternative Last Name(s) (please list any previous last names you've used, e.g., maiden name)

Mailing Address: _____
 Street/POB City State Zip

Legal Address: _____
 Street City State Zip

Gender: Female Male

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Date of Birth: _____
(mm/dd/yyyy):

Place of Birth: _____
 City State Country

Last 4 Digits of Social Security #: _____

Driver's License #: _____

License Plate #: _____

Please check all locations you are interested in volunteering your services to:

- Twin Valley High School
- Twin Valley Middle School
- Stamford Elementary School
- Readsboro Elementary School
- Halifax School
- Twin Valley Elementary School
- Central Office /WSSU

Please indicate the type(s) of service(s) you wish to volunteer:

- Library Support
- Chaperoning
- Coaching/Athletic
- Student Activity Advisor
- Instructional/Classroom Support
- Event Organization
- Clerical Support
- Other (please specify): _____

ACKNOWLEDGEMENT AND AUTHORIZATION

"I understand that the District shall have the right to conduct a criminal record check with the Vermont Criminal Information Center (VCIC) and at a minimum will conduct a Vermont Sex Offender Registry check,"

"In the event the District receives notice of a criminal record, I understand that within 30 days of receiving the results of the record check, I have the right to appeal the finding to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101."

"I understand that it is the responsibility of the Principal/Superintendent or his/her designee to accept/not accept specific individuals as volunteers, and all decisions related to the continuation of a volunteers service. I further understand that the decision of the Principal/Director on these matters is considered final."

"I understand that I am expected to abide by all Windham Southwest Supervisory Union policies and procedures, including the policies and procedures of the School District(s) and School(s) in which I am volunteering."

"I hereby acknowledge and agree to a check of any record of criminal convictions from the Vermont Criminal Information Center and I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Sex Offender Registry. I understand that the results of these checks will be made available to the Windham Southwest Supervisory Union and the School District(s) and School(s) in which I seek to volunteer for use in reviewing my suitability for volunteer services and that my volunteer service is contingent upon satisfactory results."

Signature of Prospective Volunteer:

Date:

Principal's Authorization & Signature:

Approved Denied Date: _____

Central Office Authorization & Signature:

Approved Denied Date: _____

Central Office Use:

Please check and initial upon completion of the following:

- VCIC fingerprint criminal record check
- VT Sex Offender Registry
- VT Motor Vehicle Record Check
- Add/Update information in Volunteer Database Initials: _____

A new registration form must be completed annually.

**Windham
Southwest
Supervisory
Union**

Office of the Superintendent of Schools
211 Route 9 West, Wilmington, VT 05363
Telephone (802) 464-1300 - Fax (802) 464-1303
E-mail: wssu@sover.net

Halifax
Readsboro
Searsburg
Stamford
Whitingham
Wilmington

Employee/Volunteer Driver Checklist

Trip Information:

Date submitted: _____
 Purpose _____
 School _____
 Date of Trip _____
 Trip destination _____
 Trip start location _____
 Total # of passengers _____
 Total # of students _____

Driver Screening/Insurance Requirements:

Driver Name	_____
Year/Make/Model of vehicle to be used	_____
License #	_____
Expiration date of license	_____

Please respond to the following questions with a “Yes” or “No” answer:

<i>Yes/No*?</i>	
	I am older than 21 years of age.
	I have a valid Vermont State driver’s license. Please attach copy.
	I have had no vehicle moving violations or at-fault accidents within the last 3 years.
	I have never been convicted of any crimes against children or other persons.
	I carry auto liability limits of at least \$100,000 per person / \$300,000 per accident (bodily injury) & \$50,000(property damage) or \$300,000 combined single limit. Please attach Certificate of Insurance.
	I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company, and that insurance coverage will be primary.
	I agree to report to the school principal (or designee) any and all accidents, regardless of scope, that I am involved in while transporting district staff, volunteers or students.

Please detail any “No” answers:

Vehicle Inspection:

Please respond to the following questions with a “Yes” or “No” answer:

<i>Yes/No?</i>	
	There is a working seatbelt for the driver and each passenger, and I will enforce the wearing of seat belts by all occupants.
	My vehicle’s brakes, including the emergency brake, are in good working order.
	My vehicle’s tires have legal tread depth (at least 3/32”).
	My vehicle’s brake lights, turn indicators, and headlights are in good working order.
	My vehicle’s windows are clear and provide an unobstructed view for the driver.
	My vehicle has functioning rear view mirrors (center and left side).
	My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.
	My vehicle has a rated capacity of ten passengers or less.
	If my vehicle has dual airbags, I will not seat children under the age of 12, or smaller individuals in the front passenger seat.
	I agree to use booster seats as applicable. (Under the age of 8)
	I agree to not smoke while transporting students

Please detail any “No” answers:

To the best of my knowledge, the information provided on this form is both true and accurate.

Signature of Employee/Volunteer Driver

Date

Administrative Review:

	All appropriate background checks have been performed and reviewed.
	All students have parental permission to ride with the employee/volunteer driver.
	All “No” responses have been addressed satisfactorily.

I have reviewed the above information and this driver and vehicle are approved for this trip.

Signature of School Administrator/Designee

Date