

Thompson Falls Public Schools

Volunteer Application

Please PRINT or TYPE the following information and return it to:

Thompson Falls Public Schools
School Volunteer Program

☐ Fingerprint and Background
check mailed on: _____
completed on: _____

Circle one: Mr. Mrs. Ms.

First Name _____ Last Name _____

Mailing Address _____

City _____ Zip _____ Phone _____

In case of emergency, call: _____

Phone: _____

I would prefer to work with (circle one or any): K 1 2 3 4 5 6 7 8 9-12

My special talents/interests are:

References: List two persons not related to you who have definite knowledge of your skills and character.

Name: _____ Phone: _____

Mailing Address: _____

Name: _____ Phone: _____

Mailing Address:

Please answer the following questions:

1. Do you have the legal right to work in the United States?

_____ Yes _____ No

2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying?

_____ Yes _____ No

3. Have you ever been released or discharged from employment or resigned to avoid such release or discharge?

_____ Yes _____ No

If yes, please explain. Include the date of discharge or resignation and the reason for discharge or resignation.

4. Have you ever been subject to an investigation by the Department of Public Health and Human Services or any other state agency that resulted in a substantiated finding of child abuse or neglect?

_____ Yes _____ No

If yes, please explain the circumstances, including the dates and relevant facts.

5. Have you ever been convicted of, been adjudicated or plead guilty to any violation of criminal law, including criminal convictions resulting from a deferred imposition of sentence or a plea of nolo contendere/no contest, except minor traffic offenses. Please include all convictions that are subject to expungement pursuant to plea agreements.

_____ Yes _____ No

If yes, please attach and sign a complete description of the circumstances surrounding such conviction. (This may not disqualify a person from consideration from volunteering.)

I agree to become familiar with and follow all Thompson Falls Public Schools policies and procedures.

Signature

Date

Revised 1-10-22

**AUTHORIZATION TO RELEASE INFORMATION,
INCLUDING CONSENT TO FINGERPRINT BACKGROUND CHECK**

To Whom It May Concern:

I, _____, am an employee of the District, am seeking employment, volunteer assignment, and/or approval to be selected as an on-call substitute with Thompson Falls Public Schools (the District). I hereby expressly authorize release of any and all information of a confidential or privileged nature, **including confidential criminal justice information as defined in § 44-5-103(3), MCA**, to the staff of the District and its agents. I will provide a set of fingerprints, and understand that a fingerprint background check will be at my expense and will be deducted from the initial paycheck, unless other arrangements are made with the District Office.

I ☐ have ☐ have not [check one] been convicted or adjudicated* of any crime in any jurisdiction, besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledged that I have the right to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to completion of the fingerprint background check. *
Adjudication – A passing of judgment of a court of law or a decision of a judge.

I hereby release the District and any organization, company, institution, or person furnishing information to the District and its agents as expressly authorized above, from any liability for damages which may result from any dissemination of the information requested, subject to provisions of Title 44, Chapter 5, Part 3, MCA.

All statements and information provided within this application and attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact may result in refusal of or suspension from employment.

This document is effective until revoked in writing by me.

SIGNATURE

DATE

Print full name: _____

Print full address: _____

Birth Date: _____ Social Security Number: _____

STATE OF MONTANA)
 : ss.
County of _____)

On this _____ day of _____, 20____, before me, a Notary Public for the state of Montana, personally appeared _____, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that _____ executed the same as _____ free act and deed for the purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

(S E A L)

[name]
NOTARY PUBLIC for the state of Montana
Residing at _____, Montana
My commission expires: _____