

MANCHESTER LOCAL SCHOOL DISTRICT

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MLSD VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

Home/Mobile Phone: _____ Email: _____

Please answer the following questions for consideration as a volunteer:

1. Which Building Are You Volunteering for: _____ Elementary _____ High School

Activity (Please check all that apply):

_____ Building Aide _____ Chaperone _____ Athletics (HS)*
_____ Student Tutor _____ Other

****Indicates Athletic Volunteers must complete the following certifications and courses and provide copies to MLSD prior to Board Approval:***

Pupil Activity Permit CPR Concussion in Sports First Aid Fundamentals of Coaching Lindsay Law

2. Have you ever pleaded "guilty" or "no contest" or been "convicted" of a misdemeanor or felony violation of laws relating to child endangerment, child neglect, child abuse, child molestation, rape or any other violation related to children? _____ YES _____ NO

If you answered "yes" to the above question, please give a detailed explanation on the back of this form.

3. Have you had a criminal background check within the past year? _____ YES _____ NO

You are hereby informed you are subject to a BCI/FBI criminal background record check as permitted by Am. Sub. S.B. 187. You must provide MLSD a copy prior to Board approval.

Volunteer Signature

Administrative Review

This volunteer is _____ recommended _____ not recommended for the activities listed.

Administrative Signature Date Board of Education Approval Date

