



OAKRIDGE
PUBLIC SCHOOLS

VOLUNTEER FORM

Please print

NAME: _____
Last First Middle

MAIDEN NAME/NAMES PREVIOUSLY USED: _____

BIRTH DATE: _____ RACE: _____ SEX: _____

For coordination purposes, please list all your children enrolled in the Oakridge district below

Name of Student	Building	Grade	Teacher/Homeroom
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****Must list a specific reason and date ICHAT is needed. (Example: field trip on 9/24/00).***

*Reason needed: _____

Date needed by: _____

****MUST PROVIDE A COPY OF DRIVER'S LICENSE (for verification purposes only)**

I authorize Oakridge Public Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

Volunteer Signature Date