

School Site: _____

NORMAN PUBLIC SCHOOLS – VOLUNTEER APPLICATION Authorization for Release of Background Information

In connection with my application for volunteer services with NORMAN PUBLIC SCHOOLS I authorize NORMAN PUBLIC SCHOOLS and, or ACCUFAX DIV., Southwest Inc., their agent, to solicit background information relative to my criminal record history. I understand that NORMAN PUBLIC SCHOOLS may conduct inquiries into my background that may include criminal records, credit report, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or a driving history may be obtained.

I release NORMAN PUBLIC SCHOOLS, their respective employees and Accufax Div., Southwest Inc., their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

I authorize without any reservation, any person, agency, or other entity contacted by NORMAN PUBLIC SCHOOLS or Accufax Div., Southwest Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.

Please write in blue or black ink. Light ink will not show up. (DOB is Date of Birth)

Requested by: NORMAN PUBLIC SCHOOLS **PLEASE PRINT INFORMATION BELOW**

FULL LEGAL NAME _____ DOB _____

MUST include middle name

OTHER NAMES USED _____ SS# _____

DRIVERS LIC# _____ STATE ISSUED _____

Name exactly as it appears on Driver's License _____

Please note: if your address is a rural route, or post office box, we must have City and County where mail was delivered.

Current Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____

How long at this address? (Months/Years) _____

Which activity would you like to request a volunteer background check for:

- Coaching Watch DOGS Artist-in-Residence 1-on-1 Tutoring or mentoring Overnight activity trip
- Transporting students Other activity (Be specific): _____

In addition, I understand that it is my responsibility to immediately notify the Norman Public Schools Assistant Superintendent of Personnel Services of any of the following occurrences:

1. If I am ever required to register as a sex offender under the Oklahoma Sex Offender Registration Act or under similar laws in another state.
2. If I enter a plea of guilty or nolo contendere or have been convicted of a state (any state) or federal felony charge
3. If I enter a plea of guilty or nolo contendere or have been convicted of a state (any state) or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity (this includes criminal cases involving a "deferred sentence," "deferred judgment" and any "expunge of the records").

SIGNATURE _____ DATE _____

SITE ADMIN SIGNATURE _____ DATE _____

Please submit completed forms to the site administrator.