

VOLUNTEER DISCLOSURE STATEMENT

It is the policy of The School District of University City to make every reasonable effort to provide a safe learning environment for students working with volunteers. Therefore, the District requires the following confidential information from volunteers who work directly with students or assist staff on a regular basis; supervise/chaperone students; or act as a primary authority figure. This statement must be completed and returned to Human Resources, 8136 Groby Road (63130), prior to beginning any volunteer experience.

☐ Yes ☐ No Have you ever been convicted, or had an administrative finding, of violatin physical abuse, sexual harassment or exploitation, or any other crime related		
☐ Yes ☐ No Have you ever been the subject of or listed as the perpetrator in a founded of	child abuse report?	
☐ Yes ☐ No Are you required to register as a sex offender with the Sex Offender Regist	Are you required to register as a sex offender with the Sex Offender Registry?	
☐ Yes ☐ No Do you currently have charges pending or are there any ongoing investigat	tions relating to any of the aforementioned?	
☐ Yes ☐ No Has your driver's license ever been suspended or revoked for any reason? (drivers)	(answer to be used in determining volunteer	
A "Yes" answer to any of the questions listed above requires an intervie	w with a District administrator.	
Name	Date	
Address	State/Zip	
E-Mail Address		
PHONE: HomeWork	Cell	
School(s) in which you are wishing to volunteer:		
By signing on this form, I agree that should any of the above information change in the future immediately.	e, I shall contact the office of Human Resources	
Signature	Date	

The School District of University City **Human Resources** 8136 Groby Road

Please return the signed Volunteer Application along with the Volunteer Disclosure Statement to:

University City, MO 63130

or FAX: 314-290-4030