



# OZARK R-VI SCHOOL DISTRICT

MSIP ~ Accredited with Distinction



## Parent Volunteer Form

\_\_\_ HS \_\_\_ FRS \_\_\_ JH \_\_\_ UP \_\_\_ NE \_\_\_ SE \_\_\_ EE \_\_\_ WE \_\_\_ Tiger Paw Today's Date \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Date of Birth (month, day, year) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_

(Street name) (City) (State) (Zip Code)

County In Which You Reside \_\_\_\_\_

Name of Volunteer's Student(s) \_\_\_\_\_

Ozark Schools and student names that other siblings attend: \_\_\_\_\_

Have you ever been convicted, or pleaded guilty to a felony or a misdemeanor related to sexual misconduct?

\_\_\_ Yes \_\_\_ No If yes, please provide details: \_\_\_\_\_

Have any findings of probable cause of child abuse by any state agency been entered against you?

\_\_\_ Yes \_\_\_ No If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
Signature

**Falsification of this document is a misdemeanor**

To be completed by building principal or designee only:

\_\_\_ Sexual Offender List Checked (Initials Required)

\_\_\_ Denied (Name was on the list)

\_\_\_ Approved (Name was not on the list)