

Cedar Falls Community School District  
Volunteer Information – to be completed annually

Please Print Clearly

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have any allergies of which we should be aware?

\_\_\_\_\_

Do you have any medical concerns of which we should be aware? (diabetes, seizures, etc.)

\_\_\_\_\_

Who should we contact in case of emergency?

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

-----

- The Cedar Falls School District buildings are tobacco, alcohol, and drug-free zones.
- No one other than school staff may take a student off campus without written permission of the parents and the school principal.
- Unless otherwise authorized, all volunteers must remain within sight of a school staff member.
- No one other than approved school staff may administer medicines (this includes all over the counter medication such as: Tylenol, cough drops, antihistamines) to students.
- Due to possible food allergies no food, candy, or beverages are to be given to any students.
- Refer any injury or accident to the classroom teacher who will follow the proper procedures.
- Information received from working in the school is to be kept strictly confidential.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cedar Falls Community School District  
Cedar Falls, Iowa 50613-2214

Volunteer's Confidential Statements / Assurances – to be completed annually

As one component of the District's policy to provide safe learning environments for students and staff who work with volunteers in the schools and at school activity sites, the following information is required from all persons who seek approved volunteer status.

1. Have you ever been convicted of, or plead guilty to, a serious misdemeanor, aggravated misdemeanor or a felony under Iowa law or the laws of any other state or country?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you ever been convicted, or had an administrative finding, or violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Have you ever been the subject of, or been listed as, the perpetrator in a founded child abuse report?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. Are you required to register as a sex offender with the Sex Offender Registry or with any other such registry?

\_\_\_\_\_ Yes \_\_\_\_\_ No

5. Do you currently have charges pending, or are there any ongoing investigations relating to any of the situations listed above?

\_\_\_\_\_ Yes \_\_\_\_\_ No

6. (For those who will be volunteer drivers) Has your driver's license ever been revoked or suspended?

\_\_\_\_\_ Yes \_\_\_\_\_ No

(A yes response to any of the above questions will lead to an interview with an administrator)

School(s) in which you wish to serve: \_\_\_\_\_

By my signature, I agree that should any of the information above change in the future, I shall immediately contact the Administrative Center and inform the District of any changes.

I further certify that the information provided herein is complete and correct. I understand that this form will be filed in the District's Administrative Center.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal or Designee Signature

\_\_\_\_\_  
Date