

2019-2020 School Volunteer Screening Information and Authorization Affidavit
To be completed yearly by volunteers

Name	
Date of Birth	
Cell Number	
Home Number	
Email Address	
Legal Residence	
Mailing Address	

In the event of an emergency, please list your emergency contact:			
Name		Phone Number	

Please read the following statements carefully and sign below:

- I certify that since my last fingerprinting by the Gilford School District, I have not been convicted of any of the following offenses: Capitol Murder, First Degree Murder, Second Degree Murder, Manslaughter, Aggravated Felonious Sexual Assault, Felonious Sexual Assault, Sexual Assault, Kidnaping, Incest, Endangering the Welfare of Child or Incompetent, Indecent Exposure and Lewdness, Prostitution and Related Offenses, Child Pornography, Possession of Child Sexual Abuse Images, Computer Pornography and Child Exploitation Prevention, Certain Uses of Computer Services Prohibited, Obscene Matter Offenses or any other misdemeanor or felonies.
- I certify that the facts contained in this affidavit are true and complete to the best of my knowledge and belief. I acknowledge and understand that the Principal, Superintendent of Schools and the School Board will be relying on the information contained in this affidavit and that the information is complete and accurate.
- I further understand and agree that any falsified statements or any material half-truths, material misstatements or omissions on this affidavit, without full disclosure of all relevant facts, shall be grounds for not allowing me to volunteer with the School District.
- I authorize School Administrative Unit (SAU) #73, the School District and its administrators to fully investigate all statements contained herein.
- I have received and read Gilford School District policies JFABD (Admission of Homeless Students), JBAA (Sexual Harassment – Students) and JICK (Bullying and Cyberbullying).

Volunteer Signature

Date