School/Dept	Program	

DENVER PUBLIC SCHOOLS (VOLUNTEER SERVICES) REQUEST FOR CRIMINAL HISTORY/BACKGROUND CHECK

(PRINT CLEAR Last Name			First]	Name		_Middle Name			
Date of Birth/ Last 4 digits of SSNDriver's Lic						# / Other ID			
OF AGE WITH	RESPE	CT TO IN	TION IN EMPLOYS DIVIDUALS WHO	ARE AT LEA	ST 40 YEARS OF A				
PLEASE	REA	D CAF	REFULLY						
with other federa contacted by repr fingerprints, as at NOTE: A CRIM SUBMISSION I INFORMATION RESULT IN DIS SCHOOLS TO POSSIBLE CRI For purposes of t contest"/nolo cor "Misdemeanor" i offense or traffic	l/state la resentativa uthorized IINAL (BELOW N, MAY SMISSA SUBMI IMINAI the certifatendere, includes infraction	w enforcem wes of the D d by law, or CONVICT. OF FALS DISQUAL AL FROM T THIS AF PROSEC ication belo imposition any drug or on.	nent agencies and the Commer Public Schools of provision of additional ton IS NOT AN AUTE OR MISLEADING LIFY THE APPLICATION AND INTION. We a "conviction" mean of a "deferred" or "su	Colorado Depa Safety & Secural information of TOMATIC B. GINFORMATANT FROM F DISCOVERE INVESTIGAT ans any convict aspended" sente emeanor driving	rtment of Education. I rity Department to arr regarding the investig AR TO EMPLOYM FION, OR FAILURI TURTHER CONSIDITION RESULTS TO tion by a jury or a courne, or forfeiture of a	applicant, which may include consultary Pursuant to this investigation, you may range for submission of a complete set gation. IENT. A JOB APPLICANT'S E TO DISCLOSE REQUESTED ERATION FOR EMPLOYMENT, ATE, OR CAUSE DENVER PUBLICANTE, OT CAUSE DENVER PUBLICANTE, any payment of a fine, a plea of "n any bail, bond or other security. On tinclude any other misdemeanor traffactors."			
			of committing any few ne following felony(ies						
,									
☐ Yes, I have	ever bee been dis	missed or re		nent following	an allegation of unlaw	unlawful behavior involving a child. wful behavior involving a child. Please			
			rrect to the best of my		Date:				
Requesting Author	ority:								
	-		Name	Departr	ment / Position / Title	Phone Ext.			
			tment of Safety and S		Only Below This Line	e			
CBI	Red		No Record F		If box is checked,	, notify HR for additional information			
Dept. of Safety &	z Securit	y Staff/Inve	estigator			Date			
	Volui	nteer Serv	ices – 720-423-1817	7 – Fax – 720	-423-1502	REV 12/10			

DENVER PUBLIC SCHOOLS

Volunteer Application



This form may be completed on a computer. Once completed, the final document must be printed and signed before sending to the Office of Volunteer Services.

Discover a World of Opportunity™

Last Name:			First:			M.I.:	Date: / /				
Street Address:							Apartment	Apartment/Unit #:			
City:			State:			ZIP:	ZIP:				
Primary Phone:			E-mail Address:								
Source of Referral:											
Please check all areas of interest to you:	Assistant Language T			utoring Reading		g [☐ Math ☐ L		ibrary		
Check grade level prefe		K-2	explain):	3-6	 7	Middl		High			
check grade level prefe	renee.	K Z L		3-0		Madi	ilidale Trigit				
Please indicate the DAYS AND TIMEFRAMES you may be available to volunteer:			T WE	MONDAY TUESDAY EDNESDAY THURSDAY FRIDAY		Morning	Morning		Afternoon		
I have a volunteer assignment. School and/or program coordinator where assigned: PLEASE CONTACT ME - I need a volunteer assignment. School(s) or area to which I would like to be assigned:											
Volunteer Confidentiality Agreement/Acknowledgment Both while they are engaged with Denver Public Schools and afterwards, volunteers, interns, or any other duly authorized individual providing services to Denver Public Schools (hereinafter "employees"), must preserve the confidentiality of all Denver Public Schools employee and student records, and other proprietary and confidential information, and may not use any of this information to benefit himself or herself or any entity, business, or person other than Denver Public Schools.											
Accordingly, I agree and acknowledge that I will preserve the confidentiality of all proprietary and confidential information belonging to Denver Public Schools or its employees and students, including but not limited to employee personnel files or student records, both while I am providing services to Denver Public Schools and afterwards, and I will not take or misuse any confidential information at any time.									th		
I further acknowledge and agree to comply with all applicable Denver Public Schools policies in connection with performance of my volunteer services, including but not limited to Board Policies GBJ ("Personal Records and Files") and JRA/JRC ("Student Records/Release of Information on Students").											
I also agree and acknowledge that, on Denver Public Schools' request or on termination of my services, I will promptly return to Denver Public Schools all its property, specifically including all documents, disks or other computer media or other materials in my possession or under my control that contain ideas, processes, concepts or other proprietary or confidential information belonging to Denver Public Schools or its employees or students.											
Date / /	Signature										
Date / /	Witness										
To Be Completed By School Official											
Interviewed by:			School/Organization:					Date:	1 1		
Approved: (Principal)	Approved: (Principal)			Teacher:							
RETURN TO: Office of Volunteer Services 1617 S. Acoma Street, Denver, CO 80223 720-423-1817 • FAX – 720-423-1502 • Volunteer_Services@dpsk12.org											