



**Volunteer Consent & Disclosure Form
(Confidential)**

The Mansfield Independent School District Board Policy GKG (Legal) requires certain prospective school volunteers to sign a statement allowing the District to obtain criminal history record information. A portion of the Board Policy reads as follows:

It is District policy to conduct a criminal history record on all adults (age 18 years and older), who work alone with children on school-related activities on or off District property, excluding parents or legal guardians who are working alone with their own children. This policy is designed to protect children.

In order to effectively implement this policy, the following definition of "alone" is hereby adopted. A volunteer works "alone" with a student when the volunteer:

1. Engages in regular one-on-one interaction with a student on any campus location without the presence of other adults and/or students; or
2. Works individually with any child on school-related activities outside the school campus.

The campus shall inform volunteers when their services are to begin, **which will not occur until after review of the individual's criminal history record.**

PLEASE PRINT CLEARLY:

Full Name: _____
Last First Middle

E-mail Address: _____

Address (if no e-mail address): _____
Street

City State

Zip Code

Date of Birth: _____
MM/DD/YYYY

Female _____ Male _____ Ethnicity: _____

I understand the information I am providing about age, sex, and ethnicity will be used solely for the purpose of obtaining criminal history record information for my service as a volunteer for the District.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the reporting agency: **J.D. Palatine, LLC, 8953 Harmony Drive, Pittsburgh, PA 15237**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative report(s); and the recipients of any reports on me which the agency has previously furnished within one year for other purposes preceding my request.

I hereby consent to your obtaining the above information from the agency; and I agree that such information which the agency has or obtains, may be supplied by you to the agency for release to other companies which subscribe to the agency's services.

Signature Date

Name of Campus: _____ (REQUIRED) (MISD Revised 9/4/2014)