

Holy Family School

Volunteer Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

*Date of Birth: ____/____/____ Place of Birth: _____

*Social Security Number: _____

Gender: Male Female

*Driver's License Number: _____ State: _____

Do you have a Photo ID? Yes No

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

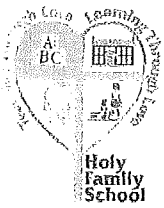
Company or Volunteer Group Name: _____

PHOTO RELEASE: I grant to HFS the right to take photographs of me and/or my family in connection with HFS events. I agree that HFS may use such photographs of me with or without my name and for any lawful purpose, including for such purposes as publicity, illustrations, advertising and Web content.

I have read and understand the above:

Volunteer Signature _____ Date: _____

** Information needed for Background check.



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BACKGROUND CHECK: Holy Family School (HFS) requires any volunteer with the school who is regularly or frequently present at HFS to have a DFPS background check. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working at HFS.

_____ I agree to have a background check.

Maiden or other name(s) in any and all other records of birth or records of residence:

Have you been convicted of a crime? No _____ Yes _____ If yes, please describe

Out-of-state residences in the last 5 years:

I hereby certify that all the information provided in this consent form is true, correct and complete.

Signature of Volunteer

Authorized Person Requesting a Background Check:

Print Name: Jennifer Nichols, HFS Operations Manager

Signature: _____

LIABILITY WAIVER: I hereby Release and Waive liability against Holy Family School, a non-profit corporation, its directors, employees and agents, its successors and assigns, for any injuries or illness that myself or my dependents may suffer in connections with any volunteer work for HFS. I agree that this release is as broad and inclusive as permitted by the laws of the State of Texas

Volunteer Signature: _____ Date: _____