RCAS Volunteer Disclosure Form



Background Check: If at any time you are in the presence of a student without the supervision of a RCAS employee, you are required to have a background check. The building principal will need to sign for authorization for the background check. Submit this completed form to the District Volunteer Coordinator or your principal's secretary.

Level of Background Check Requested:	Level 2	Level 3	
Date Supervisor A	Authorizing BGC		
Supervisor's Signature Authorizing BGC			
VOLUNTEER/INDEPENDENT CONTRACT INFORMATION:			
Last	First		M.I
Address	Apt Number		
City	State	Zip	
Phone Er	nail		
Emergency Contact Person	Phone		
Building where you will be volunteering			
Volunteer Position			
Conviction of a crime does not automatically b Have you <u>ever</u> been convicted of a felony or r imposition(s) of sentence(s)Yes	nisdemeanor? Including No	any traffic violatior	
If "Yes" Date(s)			
Offense(s)			

I hereby consent to and authorize the Federal Bureau of Investigation, United States Department of Justice and the Division of Criminal Investigation for the State of South Dakota to release to the Rapid City Area School District 51/4 any information concerning me contained in the criminal history record files of such agency. I understand that the criminal history record files contain records of arrests, which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the records may contain information and listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence, and was discharged under SDCL 23A-27- I acknowledge that this type of information may be released even though this record is designated as "nonpublic" under the provisions of 23A-27-17. In addition, I understand and agree that this information may be released to any outside agency or organization for which I am an employee or volunteer working within the Rapid City Area Schools.

For consideration received, on behalf of myself, my spouse, legal representatives, heirs, and assigns, I hereby release, waive, discharge and agree to hold harmless the Federal Bureau of Investigation, the Division of Criminal Investigation and the Rapid City Area School District No. 51-4, together with its officers and employees, from any and all liability for any claim damages or injury resulting from the release of the information specified above.

Signature (no digital signatures are accepted)	Date
5 (5 5 1)	

Witness

Date

For Internal Record Keeping Only						
Application	Orientation	Voucher/BGSA	Completed FP/Form	Cleared		