

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 Authorizing BGC _____

Supervisor's Signature Authorizing BGC _____

VOLUNTEER/INDEPENDENT CONTRACT INFORMATION:

Last _____ First _____ M.I. _____

Address _____ Apt Number _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact Person _____ Phone _____

Building and RCAS staff you will be volunteering for _____

Volunteer Position Type Activities [] Academics [] Other [] _____

Volunteer Position _____

Conviction of a crime does not automatically bar you from volunteering.

Have you **ever** been convicted of a felony or misdemeanor? Including any traffic violations and/or suspended imposition(s) of sentence(s). Yes ___ No ___

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-27-17. 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 _____

Witness _____ Date _____

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