



Thank you for your interest in volunteering in our schools! Before you begin volunteering, please submit the following to the District:

- Completed Volunteer Form
- Notarized Volunteer Certification Form
- IVP Fingerprint Card (*if required, see below for more information*)

In accordance with A.R.S. § 15-512, individuals who are not the parent or legal guardian of a child in the school where they will be working must complete a background check and be fingerprinted before volunteering. This statute is intended to protect our students. For instructions on IVP fingerprint clearance, please visit our website (www.sedonak12.org) or the Arizona Department of Public Safety (www.azdps.gov/psp). The district will reimburse volunteers for this expense upon request and submission of all required paperwork (including a copy of the IVP fingerprint card).

Volunteer Name: _____

Email Address: _____

Residential Address: _____

Home Phone: _____ Cell Phone: _____

School (circle one): WSS SRRJSH Activity/Area of Interest: _____

Do you hold a valid Arizona Teaching Certificate? Yes_____ No_____

If yes, please attach a copy of your certificate to this form.

Are you a parent/guardian of children attending any school in the School District? Yes_____ No_____

If yes, please provide the name(s) of your child(ren) and the school(s) attended:

Child Name: _____ School (circle one): WSS SRRJSH

Child Name: _____ School (circle one): WSS SRRJSH

Child Name: _____ School (circle one): WSS SRRJSH

Child Name: _____ School (circle one): WSS SRRJSH



As a volunteer with Sedona-Oak Creek Unified School District #9, I will:

Have a commitment to involvement:

- *Have consistent attendance and punctuality*
- *Contact the school prior to unavoidable absences*
- *Treat others with respect*
- *Have a positive attitude*

Follow school policies:

- *Check in at the office and wear a name tag*
- *Follow all rules and supervisor instructions*
- *Dress appropriately*

Promote communication:

- *Develop positive relationships with staff, students and other volunteers*
- *Report suspicious behavior or concerns to school administrators*
- *Refer parent questions to teachers, school administrators or other staff members*

Keep confidentiality:

- *Adhere to the district's confidentiality policy*

Volunteer Signature: _____

Date: _____



**SEDONA-OAK CREEK UNIFIED SCHOOL DISTRICT #9
A.R.S. SECTION 15-512.D CERTIFICATION**

Name _____

Position _____

I, _____ being duly sworn, do hereby certify that I have never been convicted of or admitted committing, am not now awaiting trial for committing any of the following criminal offenses in the State of Arizona or similar offenses in any other jurisdiction:

- Sexual abuse of a minor
- Incest
- First or second degree murder
- Kidnapping
- Arson
- Sexual assault
- Sexual exploitation of a minor
- Felony offenses involving contribution to the delinquency of a minor
- Commercial sexual exploitation of a minor
- Felony offenses involving sale, distribution or transportation of offer to sell, transport or distribute marijuana or dangerous or narcotic drugs
- Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs
- Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
- Burglary in the first degree
- Burglary in the second or third degree
- Aggravated or armed robbery
- Robbery
- A dangerous crime against children as defined in A.R.S. 13-604.01
- Child abuse
- Sexual conduct with a minor
- Molestation of a child
- Manslaughter
- Aggravated assault
- Assault
- Exploitation of minors involving drug offenses

Signature

Date

Subscribed, sworn to, and acknowledged before me by _____

On the _____ day of _____, _____

In _____ County, State of _____.

Notary Public _____