

MAUSD

Mount Abraham Unified School District
72 Munsill Avenue, Building 6, Suite 601, Bristol, VT 05443
Phone: (802) 453-3657 ~ www.anesu.org ~ Fax: (802) 453-2029

MT. ABRAHAM UNION MIDDLE/HIGH SCHOOL ~ BRISTOL ~ LINCOLN ~ MONKTON ~ NEW HAVEN ~ STARKSBORO

Volunteer Registration

Date: ____/____/____

1. Name _____

2. Address _____

3. Phone #: _____

4. Schools or program:

_____ Bristol Elementary School

_____ Lincoln Community School

_____ Monkton Central School

_____ Beeman Elementary, New Haven

_____ Robinson Elementary, Starksboro

_____ Mt. Abraham Union Middle/High School

_____ Other: _____

5. Volunteer capacity:

_____ Student Mentor

_____ Coaching

_____ Classroom

_____ Field Trip Chaperone

_____ School Event (during or after school)

_____ Field Trip Chaperone-Overnight

_____ Other: _____

I understand that the district will be conducting a criminal record check with the Vermont Criminal Information Center (VCIC).

I understand that it is the responsibility of the Principal/Director or his/her designee to accept/not accept specific individuals as volunteers, and all decisions related to the continuation of a volunteer's service. I further understand that the decision of the Principal/Director on these matters is considered final.

I understand that I am expected to abide by all school and School District policies and procedures which can be found at www.anesu.org.

I hereby acknowledge and agree to a check of any record of criminal convictions from the Vermont Criminal Information Center. I understand that the results of this check will be made available to MAUSD for use in reviewing my suitability for volunteer services with the district and that my volunteer service is contingent upon a satisfactory criminal records check.

In signing below I acknowledge that the above information is accurate and complete and that I have read the MAUSD Policy, VOLUNTEERS and Procedures, SUPERVISION OF VOLUNTEERS AND WORK-STUDY STUDENTS (www.anesu.org).

Signature: _____ Date: _____