



This form is to be completed by:
all NEW volunteers, immediately upon registration;
All RETURNING volunteers must complete yearly.

VOLUNTEER INFORMATION:

The Falmouth Public Schools has been certified by the Criminal History Systems Board for access to conviction data. As an applicant for the position of VOLUNTEER, I understand that information from the background check may disqualify me from volunteering.

Last Name

First Name

Maiden Name (if applicable)

Female

Male

Date of Birth

Social Security Number or Driver Lic. #
(Requested but not required)

Address _____

Volunteer Signature

Date