LACONIA SCHOOL DISTRICT

School Administrative Unit Thirty

*“Ensuring success with every student, every day, in every way”*

# Dr. Brendan F. Minnihan, Superintendent of Schools

# Amy N. Hinds, Assistant Superintendent of Schools Christine Blouin, Business Administrator

**Welcome Volunteers,**

The Laconia School District is appreciative of the valuable contributions you make to our school community through your efforts in our school. Anyone interested in volunteering, should please contact the principal of the school for which you wish to volunteer.

Anyone who volunteers for the Laconia School District must complete an annual volunteer affidavit. A criminal background check, including obtaining the results of district processed fingerprinting, is also required.

**This process must be completed prior to the beginning of any volunteer event or activity**. (Fingerprinting does not need to be completed annually).

If you plan to coach a team, chaperone a fieldtrip, work on a school-wide activity, or help in the classroom anytime during the upcoming school year, you should plan to take advantage of one the fingerprinting clinics we will be offering.

**Please be aware that it may take up to four weeks for the fingerprints to be processed. Volunteers are not able to begin until the background check is complete.**

**Please be sure to bring a photo identification with you - We cannot fingerprint without proper identification.**

You may also contact the SAU office to schedule a time for you to come down and have your fingerprints done if you cannot attend one of our clinics.

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| **School Administrative Unit 30** |  | **School Year: 2017/2018** |  |

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| School Volunteer Screening Information and Authorization Affidavit | | | | |
| ***To Be Completed Yearly*** | **New** |  | **Renewal** |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Phone Number |  | Date of Birth |  |
| Legal Residence |  | | |
| Mailing Address |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **List your school aged child(ren) and circle the school they attend.** | | | | **School** | | | | |
| Child’s Name |  | Grade |  | ESS | LHS | LMS | PSS | WHS |
| Child’s Name |  | Grade |  | ESS | LHS | LMS | PSS | WHS |
| Child’s Name |  | Grade |  | ESS | LHS | LMS | PSS | WHS |
| Child’s Name |  | Grade |  | ESS | LHS | LMS | PSS | WHS |

|  |  |  |  |
| --- | --- | --- | --- |
| **In the event of an emergency, please list your emergency contact:** | | | |
| Name |  | Phone Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please read the following statements carefully and sign below:** | | | |
| 1. I certify that since my last fingerprinting by the **Laconia School District,** I have not been convicted of any of the following offenses: homicide, child pornography, aggravated felonious sexual assault or kidnapping. | | | |
| 2. I certify that the facts contained in this affidavit are true and complete to the best of my knowledge and belief. I acknowledge and understand that the Principal, Superintendent of Schools and the School Board will be relying on the information contained in this affidavit and that the information is complete and accurate. | | | |
| 3. I further understand and agree that any falsified statements or any material half-truths, material misstatements or omissions on this affidavit, without full disclosure of all relevant facts, shall be grounds for not allowing me to volunteer with the School District. | | | |
| 4. I authorized School Administrative Unit (SAU) #30, School District and its administrators to fully investigate all statements contained herein. | | | |
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| **List former states of residence** |  | | |
|  | |  | |
| Volunteer Signature | |  | Date |