



# Office of Safety & Security Volunteer Release Form

(Updated, As of 9/12/2018)

APS Administrator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

APS Department: \_\_\_\_\_

School Location/Volunteer Site: \_\_\_\_\_

Select the level of interaction the volunteer below will have with APS students:

- Level 1:** Volunteer is a non-district personnel who will have *no interaction* with students.
- Level 2:** Volunteer is a non-district personnel who will have *supervised interaction* with students.
- Level 3:** Volunteer is a non-district personnel who will have *unsupervised interaction* with students.

Prospective Volunteer Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Current Address: \_\_\_\_\_  
STREET ADDRESS

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
MONTH (MM) /DAY (DD) /YEAR (YYYY)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Gender:  Female  Male

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Organization / Volunteer Program: \_\_\_\_\_

Check the box if you are currently an:  APS Employee  APS Parent/Guardian  APS Student Relative/Family Member

If yes, please list schools, grades, and student names:

School Name	Grade	Student Name

INTERNAL OFFICE USE ONLY		
Background Check on File in OSS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Administrator's Approval:
Copy of Photo ID Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Submitted OSS:
Name Search Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	GCIC Terminal Operator :
Warrant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Terminal Results:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

