

HCDE Volunteer Request – Background Check *REQUIRED*

INSTRUCTIONS: Principals must ensure that all volunteers requiring a background check are fingerprinted every three years. **The below form MUST be submitted ANNUALLY.** Please complete and submit the form below at **least one week prior to the volunteer’s planned start date.**

REQUIRED FIELDS are highlighted. *Incomplete forms will not be processed.*

Name of Volunteer: (Please list legal name)	Social Security Number: (Please list last 4 numbers)
School:	School Year:
Cell Phone Number:	Sport(s) / Event(s) / Activities / Field Trips:
Email address or Additional Information:	

APPROVALS:

I, the undersigned, understand a background check is required before I can begin my service as a volunteer coach. I further understand that a background check, once completed, is good for three years after which time I must submit a new background check. (I must volunteer for 3 consecutive years or I will have to complete a new background check).

I understand that, as a volunteer working with the Hamilton County Schools, I am not covered by any of the employment related benefits that the Board of Education provides to its paid employees such as health insurance and coverage for on-the-job injuries. Accordingly, I hereby release and hold harmless the Board of Education, its agents, employees, and insurance carriers of and from any and all claims, demands, or suits arising out of or related to an injury I might sustain while working as a volunteer for the Hamilton County Schools.

I further pledge that I will notify HCDE Human Resources if, at any point after I commence volunteering, I am convicted of or plead guilty to:

- A sexual offense or violent sexual offense as defined in Tenn. Code Ann. § 40-39-202;
- Any offense in Title 39, Chapter 13 of Tenn. Code Ann.,
- Any offense in Tenn. Code Ann. §§ 39-14-301 and 39-14-302;
- Any offense in Tenn. Code Ann. §§ 39-401 through 39-14-402;
- Any offense in Tenn. Code Ann. §§ 39-15-401 and 39-15-402;
- Any offense in Tenn. Code Ann. §§ 39-17-417;
- Any offense in Tenn. Code Ann. §§ 39-17-1320; OR
- Any offense in Title 39, Chapter 17, part 13 of Tenn. Code Ann.

I will provide any such notification within seven (7) days from the date of conviction/guilty plea.

Signature of Volunteer: _____ **Date:** ____/____/____

I, the undersigned, approve the above listed individual to be a volunteer coach.

School Principal/Assistant Principal (please print) : _____ **Position:** _____

Principal/Assistant Principal Signature: _____ **Date:** ____/____/____

Submit completed form at hcde.zendesk.com under HR Volunteer Request.

FOR HR USE ONLY: Date Fingerprint Results Received by HR: ____/____/____

Clear: _____ Indication: _____ If Indication, date approved: ____/____/____

Principal Emailed: _____ HR Verification Signature: _____ Date: ____/____/____