

West Bonner County School District

PERSONNEL

5730

VOLUNTEER -- AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking a volunteer assignment with the West Bonner County School District. I acknowledge that a complete investigation into my background is necessary to protect the safety and welfare of the children in the WBCSD School District. I hereby expressly and voluntarily give the WBCSD School District the right to make a thorough investigation of my past employment, education, and activities. I understand that the WBCSD School District reserves the right to use any lawful method of investigation that, in its sole discretion, it deems reasonable and necessary.

This document is effective until revoked in writing by me.

SIGNATURE

DATE

Print Full Name: _____

Print Full Address: _____

Birth Date: _____

Social Security Number: _____

STATE OF IDAHO)

: ss.

County of _____)

On this ____ day of _____, 200_, before me, a notary public of the State of Idaho, personally appeared _____, known to me to be the person named in the foregoing Release, and acknowledged to me that _____ executed the same as _____ free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

Notary Public, State of Idaho

County of _____

My commission expires _____