



Give reference of two persons, not relatives, who know you personally:

1. \_\_\_\_\_  
Name Phone Occupation

2. \_\_\_\_\_  
Name Phone Occupation

If needed, will you supply information attesting to your good health: Yes\_\_\_\_ No\_\_\_\_\_

In order to ensure the safety of Columbia’s children, I hereby certify that the information provided, to the best of my knowledge, is true, accurate and complete. Any misrepresentation or willful omissions of facts shall be cause for ending my volunteer opportunities. I understand that the Criminal Record Check and the Child Abuse/Neglect Screening forms will be sent to the Missouri State Highway Patrol/Missouri Department of Social Services for processing.

I understand the Columbia Public Schools volunteer program is a “school-based” program. All volunteering through this program will occur at the school site.

Date\_\_\_\_\_ Signature of Applicant \_\_\_\_\_