

**Please attach a copy of your driver's license (Front and Back). No Staples Please! Any Portsmouth School Department Office will be happy to make a copy for you.**

The Portsmouth School Department is concerned with the safety of all students and staff. To help maintain this safety, prospective volunteers are required to sign a release authorizing a background check. If you have any questions, please contact your school's VIS Coordinator.

- I have included a check for \$5.00 payable to BCI
- I have had my signature notarized.

**PORTSMOUTH SCHOOL DEPARTMENT  
VOLUNTEER AUTHORIZATION FORM**

I authorize the School Committee and its agents to investigate my background and activities to obtain information and opinions from any source it desires concerning my character, ability, and desirability as a volunteer.

As a condition of working in the district, I agree to provide the school district with a copy of my driver's license for identification purposes.

I certify that the statements made by me on this volunteer application and any other information given by me pursuant to my becoming a volunteer, are true, complete and correct. I have made these statements in good faith, and understand that any misstatement or omission may be the basis for my dismissal.

Date: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Printed Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Printed Name  
Subscribed and sworn to pursuant to Rhode Island General Laws this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_.

The Portsmouth School Department is taking Affirmative Action to recruit qualified minority, female, and handicapped applicants for employment. The Portsmouth School Department does not discriminate on the basis of age, sex, ethnicity/race, religion, national origin, color or handicap and/or disability in accordance with applicable laws and regulations.

THANK YOU

VIS 06/19