Student Name:	2019-20

## Cape Coral Charter School Authority Parent Volunteer Application

Please complete **ONE APPLICATION PER INDIVIDUAL** 

A criminal background check will be completed and this application MUST be approved prior to volunteering. This application **must be updated annually** for continued clearance.

Full Legal Name	<b>:</b>			
Address:				
City, State:		Zip Code	•	
Telephone:		Alternate	Phone #:	
<b>Social Security</b>	#:	Date of E	Birth:	
Name(s) of Stu	dent(s) Enrolle	d:		
Relationship to	Student:			
Email Address:				
authorize the City of ourpose of volunteering		School Authority to co	omplete a backgrou	ınd check for the
ondition or occurrence aid person, including school Authority and employees by reason including costs and a laims, causes of action heck of the undersign	e arising out of con the undersigned, n the City of Cape of any act or omiss reasonable attorne on, demands, suits ied.	officials, agents, and ducting a background hay make or prosecute Coral and their respection in conducting a backy's fee. This hold hay, or other actions aris	check of the unde e against the said ( ective officers, offi ackground check o armless provision s sing out of conduc	rsigned, which any Cape Coral Charter icials, agents, and f the undersigned, shall only apply to
Applicant's Signature		Date		
authorized Signature			Date	1
FOR OFFICE USE ONLY:	App in Rediker □	Cleared in Rediker 🗆	Keep N Track 🗖	Notification Sent 🗖
SCHOOL REQUESTING:	CME OES O	OMS □ OHS □		