



VOLUNTEER RELEASE FORM

Volunteer Contact Information

Volunteer Name: _____
(Last Name, First Name, Middle Name)

Volunteer Date of Birth: _____
(Month/Day/Year)

Volunteer Home Address: _____
(Street Address)

(City/State/Zip Code)

Volunteer Phone Number: _____

Volunteer Email Address: _____

Agency or Organization (if applicable): _____

Volunteer Release

Are you currently an UA employee or a parent/guardian or a relative of students at UA?

If yes, please list the student names:

Have you ever been convicted of an offense that requires registration as a sex offender?
____ Yes ____ No

In this application, I have provided accurate information to the best of my ability. I have received any training required for my volunteer position, and I understand and will comply with the expectations of volunteers at the Utopian Academy described in the Volunteer Policy. I also understand that Utopian Academy reserves the right to refuse the services offered by any volunteer.

Applicant's Signature: _____ Date: _____

(Office Approval on Reverse)

For UAFA Office Use Only

Check the applicable items based on the volunteer level (Tier I, Tier II)

Tier I

_____ Volunteer Release form on file

_____ Copy of Government ID

Tier II

_____ Volunteer Release form on file

_____ Copy of Government ID

_____ Sex offender registry search completed

_____ Background check on file in HR Division

_____ Mandated reporter certification and FERPA training on file

School Official Signature

School Official Printed Name and Title

Date