



summit schools

brilliant beginnings, bright futures

2024-2025 Volunteer Screening Statement

A screening statement is required annually of all Summit volunteers who work with and around students. Volunteer positions include but are not limited to:

- Classroom Volunteers
- At-Home / Special Event Volunteers
- Field Trip / Offsite Activity Drivers
- Business and Organization Partnership Volunteers

Completed screening statements will be maintained in the Summit office. This protects the privacy of the volunteer while keeping the information readily available to appropriate staff in a central location.

Volunteer Name _____

Name(s) of Child(ren)/Grandchild(ren) at Summit (if applicable) _____

Summit Parent Summit Grandparent Other Date of birth (mm/dd/yy) _____

Phone ___-___-____ (cell) ___-___-____ (home) ___ Email _____

Mailing Address including City/State/Zip

The safety and security of Summit students and staff is the top priority of the Summit Schools Board of Trustees. Therefore, Summit requires the following information from all volunteers:

- ❖ Have you ever been convicted of a felony? Yes No
 - o A "Yes" answer requires an interview with a school administrator to be further considered.
- ❖ Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime?
 - Yes No
 - o A "Yes" answer requires an interview with a school administrator to be further considered.
- ❖ Do you currently have charges pending relating to any of the above? Yes No
 - o A "Yes" answer requires an interview with a school administrator to be further considered.
- ❖ As a volunteer at Summit Schools, I understand that it is my responsibility to treat all information about students, staff, and other situations of a professional nature as confidential.
 - _____ (initial here)

By signing below, you are confirming the statements and questions on this form are completed truthfully.

Signature of Volunteer _____ Date _____



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2024-2025 Staff and Volunteer Driver Statement

- I understand the conditions of my responsibility while driving my personal vehicle for an authorized school activity. _____ (initial here)
- I have a current and valid driver's license. _____ (initial here)
- I am not subject to any driver's license suspension, revocation, cancellation, denial or bar and have not committed an offense or act which, either alone or with previous offenses or acts, could result in license suspension, revocation, cancellation, denial or bar. _____ (initial here)
- To the best of my knowledge, the vehicle I will be driving is in safe operating condition. _____ (initial here)
- I possess proof of insurance for the vehicle. _____ (initial here)
- I have the owner's permission to operate the vehicle. _____ (initial here)

By signing below, you are confirming the statements and questions on this form are completed truthfully.

Signature of Volunteer _____ *Date* _____

This information must be provided each school year