ILS Volunteer Form

Thank you for your interest in volunteering at Immanuel Lutheran School!
We deeply value the time and contributions of our volunteers. At Immanuel, our first commitment is always to our students, and we take very seriously our responsibility to safeguard them while they are in our care. Sadly, in today's world, not everyone has good intentions, and we cannot in good conscience overlook the potential risks to student safety.To protect against those risks, Immanuel has implemented a volunteer screening program. This process involves completing a short questionnaire along with a background check.

After submitting this form, you will receive an email from **MinistrySafe** with instructions to complete the background check. Please be sure to finish this step promptly. If you have any questions or do not receive the email, contact the ILS School Office for assistance.

If you are volunteering to drive for a class field trip, please also complete the back of this form. In addition, a copy of your driver's license and insurance card must be submitted to the ILS School Office.

Name: _____

Email: _____ **Cell Phone:** _____

Volunteering Activity at ILS

☐ Field Trip Chaperone ☐ Copy Assistant ☐ Classroom Volunteer

☐ SALT and Light Volunteer ☐ Other: _____

Y or N

_____ Have you ever been convicted of a felony?

_____ Do you use controlled substances?

_____ Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or physically abused any minor?

_____ Have you ever been found by a court in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

If you plan to drive for a class field trip, please complete the information below. A copy of your driver's license and proof of insurance must also be submitted to the ILS School Office and kept on file.

Driver's Name: _____ Driver's License Number: _____

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or acknowledged through payment during the past 12 months.

Date	**Offense**	**Location**
_____	_____	_____
_____	_____	_____
_____	_____	_____

If no violations are listed above, I certify that I have not been convicted of a traffic violation or acknowledge guilt through payment of a violation within the past 12 months.

Date:_____ **Driver's Signature:** _____

OFFICE USE ONLY:

Proof of Insurance Expiration Date: _____

Driver's License Expiration Date: _____