



2009-2010 HCLC Volunteer Registration Card

This card MUST be completed every school year by all HCLC volunteers

Last Name: _____ First Name: _____

Student(s) Name and Grade: _____

Address: _____

Phone Number: _____

Please read and initial the following statement:

I have never been convicted of a dangerous crime against a child, including second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, exploitation of a minor, child abuse, kidnapping or sexual abuse. _____

Initials

I certify that the information I have given on this registration card is complete and correct. I also understand that my volunteer participation is subject to a principal's approval.

Signature

Date

Initials

Date