2017-18

City of 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:	
Address:	
City, State:	Zip Code:
Telephone:	Alternate Phone #:
Social Security #:	Date of Birth:
Name(s) of Student(s) Enrolled:	

I authorize the City of Cape Coral Charter School Authority to complete a background check for the purpose of volunteering at the school.

The undersigned applicant does hereby agree to and does hereby hold the Cape Coral Charter School Authority and the City of Cape Coral and their respective officers, officials, agents, and employees, harmless from any and all claims, causes of action, demands, suits, or other actions which any person, including the applicant, may pursue against the said Cape Coral Charter School Authority and the City of Cape Coral or their respective officers, officials, agents, and employees by reason of any action, condition or occurrence arising out of conducting a background check of the undersigned, which any said person, including the undersigned, may make or prosecute against the said Cape Coral Charter School Authority and the City of Cape Coral and their respective officers, officials, agents, and employees by reason of any act or omission in conducting a background check of the undersigned, including costs and a reasonable attorney's fee. This hold harmless provision shall only apply to claims, causes of action, demands, suits, or other actions arising out of conducting a background check of the undersigned.

CONFIDENTIAL

Please Note: Incomplete applications will be denied.

Applicant's Signature _____ Date _____

Authorized Signature _____ Date _____

FOR OFFICE USE ONLY:	App in CSADS ❑	Cleared in CSADS ❑	Keep N Track ❑	Notification Sent ❑