

**Memorandum of Understanding  
For M.S.A.D. # 12 School Volunteers**

As a MSAD #12 Volunteer, I understand that my mission is to provide a safe, caring, supportive environment which challenges individuals to fulfill their potential as lifelong learners and responsible, contributing citizens.

**Volunteer Questionnaire**

**BACKGROUND:**

Have you ever been disciplined, discharged, or asked to leave a prior position? Yes \_\_\_ No \_\_\_  
Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes \_\_\_ No \_\_\_  
Have you ever been convicted of a crime (other than a minor traffic offense)? Yes \_\_\_ No \_\_\_  
Have you ever entered a plea of guilty or "no contest (nolo contendere) to any crime (other than a minor traffic offense)? Yes \_\_\_ No \_\_\_  
Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes \_\_\_ No \_\_\_

If you have answered YES to any of the previous questions, provide full details below, including, with respect to court actions, the date, offense in question, and the address of the court involved. Conviction or other disposition of a crime is not necessarily an automatic bar to volunteering at MSAD #12, but failure to disclose criminal history may prevent you from being a volunteer.

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I must remain, therefore, aware of the need for *absolute confidentiality concerning all school/student-related information*. I understand that the staff person to whom I am assigned in accordance with established school policies would direct activities and objectives and that cooperation and dependability on my part are essential for success. I have read and understand this memorandum, and I agree to fulfill my obligations as a MSAD #12 School Volunteer to the best of my ability.

My signature below constitutes authorization to check criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that MSAD #12 contacts in connection with my volunteer application to fully provide MSAD #12 any information on the matters set forth above.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure. I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers may be verified and that I may be declared ineligible to volunteer if the information contained herein, upon investigation, is found to be misrepresented or falsified.

Volunteer Date of Birth and written name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature Date

\_\_\_\_\_  
Administrator Signature Date