

**TRENTON BOARD OF EDUCATION
DEPARTMENT OF HUMAN RESOURCES
VOLUNTEER DATA FORM**

To be attached to the PAR (One form for each volunteer)

School: _____ Principal: _____

Name of Volunteer: _____ Phone: _____

Address: _____

Activity (Coach) (Cafeteria Aide) (Classroom Aide) (Other) _____
Specify

Dates of assignment: _____

Minimum number hours per month _____

Assigned to work with students: _____
Yes No

Workers Compensation Waiver: I agree to waive any and all claims for injuries sustained while serving as a volunteer in the Trenton Public Schools.

Volunteer signature Date

Principal signature Date

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For Human Resources Use Only (For Volunteers Working With Students)

Date issued Sagem Morpho application _____

Date Sagem Morpho receipt received _____

e-Payment Application Authorization & Certification (AA&C) receipt received

Date confirmation of fingerprinting sent to building principal _____

Date confirmation of Mantoux test provided to HR _____

Volunteer **cleared** to work with students/requisition may be processed

Date

Volunteer **not cleared** to work with students/requisition may be processed

Date

Human Resources Official Date