

## IFCB-E (5) SCHOOL VOLUNTEER DISCLOSURE FORM

To help ensure the safety of our school children, all volunteers who will or may have unsupervised access to children with the Savannah-Chatham County Public School District must complete the following disclosure statement. This information will be used only in determining whether to accept you as a volunteer, and will not be used or disseminated for any other purpose. Further, the school district reserves the right to request your fingerprints to obtain a full report of your criminal history.

Volunteer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number/State Issued: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

1. Have you ever been convicted of a criminal offense? If so, please list the nature of the offense, the jurisdiction in which the conviction was imposed, and the extent of the sentence or penalty. If a conviction has been the subject of a pardon, expungement, annulment, or certificate of rehabilitation, please specify. Attach any relevant information.

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### Driver Screening/Insurance Requirements

Vehicle Make/Model/Year \_\_\_\_\_ Tag Number/State: \_\_\_\_\_

2. Have you had any vehicle moving violations or accidents in which you were deemed to have been at fault in the last three (3) years? If so, please list the nature of the violation or accident, the fine imposed (if any), and whether or not a citation was issued.

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3. Do you carry automobile liability insurance with a minimum of \$100,000 per occurrence and \$300,000 aggregate combined single limits of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 property damage) and uninsured motorist coverage?      ☐ Yes                      ☐ No

**Under penalty of perjury**, I certify that the above information is true, complete and accurate. I understand that my service to the school district may be terminated for any misrepresentation or omission in the above statements. I also understand that, in the event of a vehicle accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company, and that my personal insurance coverage will be primary.

Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_