## Cape Coral Charter School Authority 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 Phor	ne #:
Social Security #: X	XX-XX	Date of Birth:	
Name(s) of Student	(s) if Enrolled:		
Relationship to Stud	ent:		
Email Address:			
Authority and the City of from any and all claims applicant, may pursue at their respective officers arising out of conducting undersigned, may make Cape Coral and their respective of the conducting a background street of the conducting and their respective of the conducting and their respective of the conducting and their respective of the conducting and the city of the conducting and the city of t	cant does hereby agr f Cape Coral and their , causes of action, de against the said Cape , officials, agents, and ng a background che e or prosecute against spective officers, offici and check of the under shall only apply to cla	r respective officers, official mands, suits, or other act Coral Charter School Aut demployees by reason of ck of the undersigned, we the said Cape Coral Chalals, agents, and employee signed, including costs araims, causes of action, demands	hold the Cape Coral Charter School als, agents, and employees, harmless ions which any person, including the hority and the City of Cape Coral or any action, condition or occurrence which any said person, including the rter School Authority and the City or s by reason of any act or omission in a reasonable attorney's fee. This mands, suits, or other actions arising
Please Note: Inco	omplete applica	tions will be denie	d.
Applicant's Signature			Date
Authorized Signature			Date
For Office Use Only:			Notification Sent 🗆
SCHOOL REQUESTING:	OEN □ OES □	OMS □ OHS □	