



# MAY SANDS MONTESSORI SCHOOL

1400 United Street, #110 Key West, Florida 33040

Phone: 305-293-1400 ext. 53418 Fax: 305-305-328-9005

## Classroom Volunteer Release Form

In order to comply with State legislation, all classroom volunteers must have a routine local and state background check completed. Results of the background check will remain confidential and be considered the property of May Sands Montessori School and the Monroe County School Board. Volunteers must also be enrolled in VISA (Volunteers In School Activities), and should do so at <https://visa.keysschools.com/Registration.aspx>. Once registered, you will be required to log into VISA to complete the application process.

We ask that all parents/guardians undergo this screening. Please complete this release form and return it to the office as soon as possible, with a copy of your driver's license. This screening must be completed before an individual may perform any volunteer activities on campus while students are present. **Screenings completed last year are still valid for this school year.**

I understand that background inquiries are to be made on myself. I understand that this information will be requested from employers and various federal, state, and other agencies which maintain records that concern my past activities. I authorize, without reservation, any party or agency contracted by the Monroe County School Board to furnish the abovementioned information in accordance with any and all federal state laws. I understand to aid in the proper identification of my file or records the following information is necessary.

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|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

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|--------------------------|--------|
| Current Physical Address | Apt. # |
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|------|-------|----------|
| City | State | Zip Code |
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Previous Address (If at current address less than 5 years)

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|------|-------|----------|
| City | State | Zip Code |
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|-------------------------|---------------|
| Driver's License Number | Date of Birth |
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|--------|------|----------------|
| Gender | Race | Marital Status |
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|-----------|------|
| Signature | Date |
|-----------|------|