



OZARK SCHOOL DISTRICT

*STUDENT Dedicated Every Day,
STUDENT Driven In Every Way*



District Administration

Dr. Chris Bauman, Superintendent
Dr. Craig Carson, Assistant Superintendent
Dr. Curtis Chesick, Assistant Superintendent
Mrs. Tammy Short, Chief Financial Officer

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Board of Education

Shane Nelson - President
Jeffrey Laney - Vice President
Tom Bass
Andrew Hedgpeth
Aaron Johns
Sarah Adams Orr
Patty Quessenberry

Dear Volunteer:

Thank you for your interest in volunteering with Ozark School District. Without volunteers, many classroom activities would not be possible and our staff is extremely thankful for the assistance you provide.

Please read through and familiarize yourself with the following Ozark School Board Policies. If you have any questions after reading these policies, please contact the building principal or counselor.

IICC – School Volunteers

JFCF - Bullying – Volunteers are expected to be able to identify and report bullying to the building principal or staff member.

KK – Visitors to District Property/Events

As you begin volunteering, please also familiarize yourself with all building emergency procedures and remember all student information is to be kept confidential.

By signing the Parent Volunteer Form, you acknowledge you have read School Board Policies IICC, JFCF and KK.

Sincerely,

Curtis Chesick, Ed.D.
Assistant Superintendent of Operations

District Cabinet

Gerald Chambers, Executive Director-Student Services; Dr. Melia Franklin, Executive Director-Secondary Learning;
Dr. Karen Scott, Executive Director-Elementary Learning; Jeff Simpson, Executive Director-Special Services



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Parent Volunteer Form

___HS ___FRS ___JH ___MS ___NE ___SE ___EE ___WE ___Tiger Paw Today's Date_____

Legal Last Name _____ Legal First Name _____

Date of Birth (month, day, year)_____ Male____ Female ____

Address_____

(Street name) (City) (State) (Zip Code)

County In Which You Reside_____

Name of Volunteer's Student(s)_____

Ozark Schools and student names that other siblings attend:_____

Have you ever been convicted, or pleaded guilty to a felony or a misdemeanor related to sexual misconduct? Yes No If yes, please provide details:_____

Have any findings of probable cause of child abuse by any state agency been entered against you? Yes No If yes, please provide details:_____

Signature

Falsification of this document is a misdemeanor

To be completed by building principal or designee only:

___ Sexual Offender List Checked (Initials Required)

___ Denied (Name was on the list)

___ Approved (Name was not on the list)