



ALBUQUERQUE PUBLIC SCHOOLS

HUMAN RESOURCES – BACKGROUND DEPARTMENT

POBox 25704 • Albuquerque, NM 87125-0704

Andrea Trybus
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Human Resources

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SUPERINTENDENT

VOLUNTEER CONFIDENTIAL INFORMATION AGREEMENT FORM

Mandated by New Mexico State Statutes: any person (employee or volunteer) having unsupervised access to students is required to have a thorough background investigation conducted by the Albuquerque Public Schools (APS).

As a volunteer, I understand that I may have unsupervised access to students. I agree to pay the \$29.25 fee by cashier's check or money order made payable to the APS Board of Education or by a debit/credit card. I hereby certify that I understand and give consent to the Albuquerque Public Schools to conduct this investigation.

I further understand and agree that this information is confidential, and that APS may not reveal or release any information to anyone other than me that is discovered during the course of this investigation.

Furthermore, I hereby agree to indemnify and hold harmless the Board of Education and the Albuquerque Public Schools and any of its employees against liability, damage, and/or charge as a result of the findings of this investigation.

I voluntarily give the Albuquerque Public Schools the right to conduct a through investigation of my past activities, and agree to cooperate in such investigations, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

I have read the above statement and fully understand and agree to its contents.

PRINT NAME (LAST, FIRST, MI) SOCIAL SECURITY NUMBER DATE OF BIRTH

HOME ADDRESS CITY, STATE, ZIP (HOME) PHONE NUMBER

LOCATION/SCHOOL NAME/TEACHER ADDRESS PHONE NUMBER

Present Years lived in NM _____ Other States _____

VOLUNTEER'S SIGNATURE	DATE	PRINCIPAL/SUPERVISOR'S SIGNATURE	DATE

The volunteer must hand-carry this completed form to the Albuquerque Public Schools, fingerprinting office located at 6400 Uptown Blvd Ste 105. Office hours are M-F, 8:00am to 4:00pm. (No appointments necessary) For questions, call 889-4862.

Fingerprinted by:	Date:
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Cleared by _____ Date _____ Denied by _____ Date _____
Fingerprinting Technician Date Fingerprinting Technician Date

Updated 7/01/06

AN EQUAL OPPORTUNITY EMPLOYER