



MANCHESTER SCHOOL DISTRICT  
SCHOOL ADMINISTRATIVE UNIT NO. 37  
195 McGregor Street, Suite 201  
Manchester, NH 03102  
Telephone: 603.624.6300 • Fax: 603.624.6337

## Volunteer Application

### General Information

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

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_  
(Name) (Telephone)

In brief, please state below your motivation for volunteering.

---

---

---

---

Please list skills that might be useful in a classroom setting.

---

---

---

Are you volunteering as an \_\_\_\_ individual or as part of a \_\_\_\_ group or school partnership? Please check one and list the name of the group or school partner if applicable:

\_\_\_\_\_  
(Name of group/partnership)

**Background Information**

Please list any address at which you have lived in the past five years.

(Street)

(City)

(State and Zip)

---

---

---

---

---

Briefly describe your work history.

---

---

---

---

---

Please list three references the district may contact.

(Name)

(Telephone)

---

---

---

*Please be advised that as of September 2005 all volunteers who will have or are likely to have contact with students will be required to be finger printed in order to undergo a criminal records background check. As of 10/1/2010, NH State Law says volunteers cannot start until the RESULTS of the criminal check come in, which can take a week or more.*

*Please return to:*

Human Resources  
Manchester School District  
195 McGregor St., Suite 201  
Manchester, NH 03102

Revised: 2/2011

**FOR OFFICE USE ONLY**  
**Volunteer Classification**

\_\_\_ Designated Volunteer

\_\_\_ Other Volunteer

Signature of Principal \_\_\_\_\_

**MANCHESTER SCHOOL DISTRICT  
SCHOOL ADMINISTRATIVE UNIT NO. 37  
195 McGregor Street, Suite 201  
Manchester, NH 03102**

**Fingerprint/Background Check Authorization Form**

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

**School Volunteer or Coach Volunteer**

**Circle One**

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

**School Location:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Principal / Authorization**

**Date**



New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**

Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

**CRIMINAL HISTORY RECORD RELEASE FORM**

**SCHOOL EMPLOYEE/VOLUNTEER CRIMINAL HISTORY RECORD CHECK – RSA 189:13-A**

I hereby authorize the New Hampshire Department of Safety, Division of State Police to notify the Superintendent/Chief Executive Officer of an employing school administrative unit, school district, chartered public school, public academy, or non-public school of the presence of any Felony and/or Misdemeanor Criminal History Record Conviction pursuant to RSA 189:13-a.

**CHRI RELEASED TO:**

Manchester School District

Name of SAU

Dr. John Goldhardt

Superintendent/Chief Executive Officer

20 Hecker St, Manchester NH 03102

Address

SAU # 37

Employee ☐

Volunteer Coach ☐

Substitute ☐

Volunteer Other ☒

Student Teaching ☐

**CHRI TO BE REQUESTED ON:**

Name: \_\_\_\_\_  
LAST (MAIDEN) FIRST MI

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # (optional): \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and/or unsworn falsification.

Releasee's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Affix seal)

**RECORD CHALLENGE**

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

Fees: ☐ LIVESCAN - \$47.00 -or- ☐ INKED - \$47.00 for Employees and \$20.75 for Volunteers

☐ Fingerprint card or completed livescan form must be submitted at the same time as payment and this form.

☐ Make checks payable to: State of NH – Criminal Records

810018171