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SCHOOL REQUESTING:

## Cape Coral Charter School Authority Parent Volunteer Application Please complete ONE APPLICATION PER INDIVIDUAL

riease complete one Affelication felt individual

Full Legal Name:	
Address:	
City, State:	Zip Code:
Telephone:	Alternate Phone #:
Social Security #:	Date of Birth:
Name(s) of Student(s) En	rolled:
Relationship to Student:	
Email Address:	
ourpose of volunteering at the sch	Charter School Authority to complete a background check for the ool.
School Authority and the City of employees, harmless from any arwhich any person, including the a Authority and the City of Cape Coreason of any action, condition or undersigned, which any said personal Cape Coral Charter School Alexandre Schoo	hereby agree to and does hereby hold the Cape Coral Charter Cape Coral and their respective officers, officials, agents, and all claims, causes of action, demands, suits, or other actions applicant, may pursue against the said Cape Coral Charter School ral or their respective officers, officials, agents, and employees by occurrence arising out of conducting a background check of the on, including the undersigned, may make or prosecute against the uthority and the City of Cape Coral and their respective officers,
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