



Chesterfield County Public Schools
SCHOOL VOLUNTEER
2013-14 APPLICATION FORM

Name _____ E-Mail Address _____

 Last First Middle

Home Address _____

 Street City ZIP

Telephone _____

 Daytime Evening Best Time to Call

Emergency Contact _____ Telephone (daytime) _____

Why do you want to be a volunteer? _____

How do you want to volunteer your time? _____

List previous work or experiences with young people (i.e., scouts, church, community, etc.)

I understand and agree that (1) I am not obligated if called upon to perform the volunteer services applied for; (2) additional personal information may be requested; and (3) CCPS reserves the right at all times to decline to use me as a volunteer and to terminate my service at any time.

In addition, I hereby state: (1) I have never been convicted of a felony; and (2) I am not the subject of a pending charge nor have I been convicted of any of the following offenses: abduction of child for immoral purposes; sexual assault; pandering; crimes against nature involving children; taking indecent liberties with children; abuse and neglect of children including failure to secure medical attention for an injured child; obscenity offenses, within the Commonwealth, or any equivalent offense outside the Commonwealth. I have described all other misdemeanor offenses (pending or for which I have been convicted) on the attached page.

Further, I understand that I may have access to personal, sensitive, or confidential information about students and staff during my service as a volunteer, and agree that I will not inappropriately share any such information in any manner with any person. Further, I confirm that I have read and will comply with Board Policies 3070, 5361, and 5361-R, as well as all other applicable policies, regulations and procedures. (All Board policies and regulations may be found on the school division's website at www.mychesterfieldschools.com).

Finally, I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief.

Applicant's signature _____ Date _____

Return to School Office

For school use: **Date received** _____ **Date checked/rechecked** _____

