

## Spotsylvania County Schools School Volunteer Form

Volunteer's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Sport, Club, Organization: \_\_\_\_\_

Please summarize how your background, education, professional and/or personal experiences have prepared you for this volunteer assignment.

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Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? If yes, attach a letter of explanation and a copy of court documents indicating judgment and disposition of the case from the court of conviction.	Yes	No
Have you ever been convicted of violation of law other than minor traffic violations (including felonies or misdemeanors)? If yes, attach a letter of explanation and a copy of court documents indicating judgment and disposition of the case from the court of conviction.	Yes	No
Have you ever been the subject of a founded complaint of child abuse or neglect? (If so, attach a letter of explanation and a copy of the social services document making such finding)	Yes	No
I understand that any omission, misrepresentation, or false statement made on this application or any supplement to it will be considered sufficient grounds for my application not to be considered, or disciplinary action including dismissal should I become employed with Spotsylvania County Public Schools.	Yes	No

### References:

Please list the names and contact information below for two individuals who can provide a character reference or can attest to your skills/qualifications as they relate to this volunteer assignment.

**Name:** \_\_\_\_\_ **Relationship to Volunteer:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Volunteer:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

The Spotsylvania County School Board recognizes the value of volunteer participation in local school programs by parents and members of the community. A volunteer is defined as a nonpaid person functioning under the sponsorship of the school board and the approval of the school administrator. Volunteers shall work within the guidelines established by the school administrator and under the direct supervision of teachers or other members of the school staff designated by the school administrator. Volunteers shall treat school information to which they have access with strict confidentiality, and at no time will volunteers have access to student cumulative records. Principals shall take appropriate measures to determine the identity and background of any person before allowing that person to serve as a volunteer for the school.

Certain volunteers will be fingerprinted for a criminal background investigation. These volunteers include those who will have direct contact with students in athletics, in providing health services, unpaid club sponsor, volunteers of PTO's/PTA's and band boosters who are responsible for large sums of moneys collected on behalf of the organization and school, unpaid intern assignments, and student teachers. At the discretion of the superintendent or designee, other volunteers may be fingerprinted upon receipt of a written request from a building principal stating the reason for conducting a background check.

**All volunteers must sign the following acknowledgement and release:**

*My signature below authorizes the school division to conduct a background investigation and authorizes release of information regarding criminal convictions and reports of child abuse or neglect. I waive my right of access to any such information, and without limitation hereby release the school division and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local sheriff, information from the Central Criminal Records Exchange, data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Virginia or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any finding of child abuse or neglect investigations involving me.*

**I declare that the information I have provided is true and correct, and that I have not misled or fabricated any information on this form. I further certify that (i) I have not been convicted of a felony or any offense involving the sexual molestation, physical or sexual abuse or rape of a child; (ii) I have not been convicted of a crime (whether a felony or misdemeanor) of a crime of moral turpitude, which includes lying, cheating or stealing; and (iii) I have not been the subject of a founded case of child abuse and neglect. I also agree to notify Spotsylvania County Schools' Human Resources Department if I am convicted of any of the above offenses during my work or volunteering with Spotsylvania County Schools.**

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If this volunteer assignment meets the criteria described above requiring a background check, pursuant to policy IICC, it should be indicated below and initialed by the principal.**

Background Check Required      Background Check Not Required      Initials of Principal: \_\_\_\_\_

**If box is checked, principal should complete the rest of the form and send (either fax or inter-office mail) to Office of Human Resources 540-834-2551, and retain a copy at the school.**

Upon principal approval, this form must be sent to Spotsylvania County Schools' Office of Human Resources and fingerprints obtained prior to any volunteer contact with students. The Executive Director of Human Resources will review this form and confirm clearance of background check prior to the individual being allowed to begin to volunteer. Once cleared, the Executive Director of Human Resources will sign below and forward a copy of the form to the principal.

Eligible

Ineligible

**I certify that the Office of Human Resources has conducted the necessary background check and *has/has not* released this individual to volunteer.**

\_\_\_\_\_  
Signature of Executive Director of Human Resources

cc: School File

Reference: Policy IICC

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

(Created October 2012/updated March 2014)