



VOLUNTEER APPLICATION

The Cleveland County Board of Education is committed to the safety and well-being of all students. For this reason, principals are directed to conduct a criminal record check on all volunteers who may have unsupervised contact with students or who volunteer regularly in the schools.

Under this policy, Principal, _____ requests that you agree to undergo a criminal record check before finally approving your application to volunteer. The Cleveland County Schools also may conduct periodic criminal record checks on you after you begin volunteering. You are entitled to receive a copy of any report if you request it, or if the school system modifies your volunteer status as a result.

Authorization

Please complete this form if you authorize the Cleveland County Schools to obtain a criminal history report from the North Carolina State Bureau of Investigation, or other agency or source of information.

VOLUNTEER CONTRACT INFORMATION

Date: _____

Name: First _____ Middle _____ Last _____ Maiden _____

Address: Home _____ / _____ / _____
Street/P.O. Box City State Zip

Home Phone: _____ E-mail: _____

Employer: _____ Business Phone: _____

Business Address: _____ / _____ / _____
Street/P.O. Box City State Zip

Have you ever been employed by CCS? Yes No If yes, please give dates _____

Birthday _____ / _____ / _____ NC Driver's License # _____ SS# _____

List all counties of residence in North Carolina:

List all residences outside of NC, including street address, city, and state:

VOLUNTEER AVAILABILITY AND INTERESTS (please circle)

How often are you available to volunteer?

Once a week Once a month
Every other Week Periodically

What grade do you prefer?

Preschool Elementary
Intermediate Middle School High School

List day(s) of week available _____

Time available: 7-9am 9am-12pm 12pm - 3pm Lunch time only Other _____

Schools where you would like to volunteer (please list name(s) of schools):

Task(s) preferred (list any preferences you have for your volunteer assignment) _____

Emergency Contact: Name _____ Phone _____

Please continue with the application on the back of this page.

PLEASE READ AND SIGN THE FOLLOWING:

- I will hold in confidence any information revealed to me pertaining to my student.
- I will report any home or school concerns about a child to the school coordinator of volunteers, the child's teacher, or directly to the principal before I leave for the day.
- I understand that I have a legal obligation to report any suspected abuse or neglect that is revealed to me by a child to the principal or designated person.
- I will not contact the child off campus or remove him/her from school at any time without written parental permission.
- I will call the volunteer coordinator or manager when I have to be absent.
- I will sign in and out each day when I volunteer at the school.
- I will perform my duties to the best of my ability.
- I will follow Cleveland County Schools' policies and procedures, including record keeping requirements and confidentiality of patron information.
- I will meet at the times and perform the duties as agreed or provide adequate notice so that an alternative arrangement can be made.
- I understand the diversity in all students and believe in their ability to be successful.
- I understand the school board may maintain a volunteer file and that such file may be open for inspection in accordance to state law.

I also confirm that I have not been convicted of a felony or any offense involving drugs, alcohol, child abuse, sexual aberration or any moral turpitude.

I affirm that the above information is true and complete to my knowledge.

I hereby authorize the Cleveland County Schools to obtain a criminal history report from the North Carolina State Bureau of Investigation, or other agencies, and waive any claim for damages or injury against the Cleveland County Schools or the provider of the report, except as provided by the Fair Credit Reporting Act.

This agreement can be cancelled at any time at the discretion of either party.

Please return this form to the school(s) in which you would like to volunteer.

Volunteer's Signature _____ Date _____



<u>SCHOOL USE ONLY</u>	
Date Received _____	School Assigned _____
Criminal Record Check _____	Date _____
Principal: Approval _____ Denial _____	<i>Send Approval/Denial to Director of Safe Schools – Stephen Fisher</i>