



Volunteer Application

School Year: _____

Note: Athletic coaches should contact Human Resources and use their application.

Full Name: Mr. _____ Mrs. _____ **Date of Birth:** _____
First, Middle, Last

Current Address: _____

Cell Phone: _____ **Home Phone:** _____ **Email Address:** _____

Are you a current HCPS employee or have you worked for HCPS in the past? Yes No
 If "Yes," list school location _____ and years of employment _____

Name during employment (if different from current name) _____

Occupation/Employer: _____ Do you have a valid driver's license? Yes No
 State: _____ License Number: _____ Expiration Date _____

Do you have school-age children in Henrico County Public Schools? Yes No

If you answered yes, please fill out the block below.

Names of School-Age Children	Current Grade Level	School Attending

Specific area of volunteer service in which you are interested (chaperone, tutor, office assistant, classroom assistant, etc.) _____

Do you have previous volunteer experience in the community or schools? Yes No

If you answered yes, please fill out the block below.

Agency	Title	Duties	Length of Service

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Have you been convicted of any offense involving the sexual molestation, sexual battery, physical abuse, sexual abuse, or rape of a child? Yes No

Have you been investigated by the Department of Social Services (Child Protective Services Unit) for abuse or neglect with a result of "founded?" Yes No

Have you been convicted of a misdemeanor? Yes No

Have you been convicted of a felony? Yes No

If you answered "yes" to either a misdemeanor or a felony, or both, please explain and give dates of conviction, type of conviction, and jurisdiction where convicted.

Do you grant HCPS the right to check with Child Protective Services and/or police regarding any of the investigations and/or convictions indicated on this application? Yes No

Initials below acknowledge that I have completed required tasks.

_____ I have read the "Guidelines for Volunteers."

_____ I have read the HCPS Code of Student Conduct.

_____ I understand that I will need to complete an orientation on school guidelines and safety procedures before I begin any volunteer assignment.

_____ I understand that Henrico County Public Schools will check my name against the National Sex Offender Public Website.

_____ I acknowledge that the information that I have provided on this application is true and complete to the best of my knowledge.

_____ I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with Henrico County Public Schools.

_____ During such times as I am a participant in the Henrico County Public Schools Volunteer program, I agree to assume full responsibility for such participation and release Henrico County Public Schools from any damages which I may sustain thereby.

_____ I have read, understand, and will abide by the rules, regulations, and policies concerning HCPS volunteers.

_____ I fully understand that if my services are no longer needed, or my performance is not acceptable, Henrico County Public Schools has the right to terminate my services as required and without notice.

Signature: _____ Date: _____

In case of emergency, please contact: _____ Phone: _____

All applications must be filled out completely, or they will not be processed. **Please return this completed application to the school where you want to volunteer.**

If you have any questions regarding the volunteer program, please contact the HCPS Office of School Safety and Emergency Management at 652-3511.

FOR OFFICE USE ONLY

Name of Person Screening Application: _____ Date Screened: _____

National Sex Offender Public Website Checked: Yes No Follow-up necessary: Yes No

Initials below confirm that you have done the required tasks.

_____ I have reviewed the application for completeness.

_____ I have screened this application.

_____ I have given this application to the principal for review.

Name of School Principal: _____ Date Reviewed: _____

I have reviewed this application and have approved it. Yes No

Principal's Signature _____ Date: _____