



# Volunteer Application

## 2023-2024 School Year



### Student Information

Student's First and Last Name			
School		Grade Level	

### Volunteer Information

First, Middle & Last Name			
Cell Phone #		Home Phone #	
Date of Birth (xx/xx/xx)		*Driver's License #/ID Card #	
Permanent Address			
Email Address			
Emergency Contact Name & Phone Number			
Description of Event for Which You Wish to Volunteer			
<i>*Why is PCPS asking for this information? To ensure that the background check being completed is on you and not another person. This information will not be used for any other purpose.</i>			

### Criminal History Information

	Yes	No
<b>Criminal History Question #1:</b> Have you ever been convicted of, or entered a plea of not guilty or no contest to, a felony anywhere in the United States or a criminal offense in another country or a U.S. territory?		
<b>Criminal History Question #2:</b> Have you ever been convicted of, or entered a plea of not guilty or no contest to, a misdemeanor involving minor children?		
<b>Criminal History Question #3:</b> Have you ever been convicted of, or entered a plea of not guilty or no contest to, a misdemeanor involving drugs, alcohol or weapons?		
<b>Criminal History Question #4:</b> Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency?		
<i>If you answered "Yes" to any of the criminal history questions above, please explain, and give dates, type of conviction, and the jurisdiction of the offense.</i>		

### Volunteer Assurances

The safety and security of our school communities is a top priority for PCPS. For your protection and that of our students and staff, the school system will conduct a check with the National Sex Offender Public Website, which includes the Virginia State Police "Registry of Sexual Offenders and Crimes Against Minors" and a criminal background check on all school personnel and volunteers. Anyone convicted of a misdemeanor or felony offense, especially an offense against a minor child or involving drugs and weapons, may be disqualified from volunteering depending on the nature of the offense and/or volunteer activity. The decision of the school official is final and may not be appealed.

**Please initial next to the statements below indicating you have read and understand them:**

\_\_\_\_\_ I understand that PCPS expects me to behave in a manner that is appropriate and professional, being a role model to students and staff and representing the school and school division in the very best way.

\_\_\_\_\_ I understand that I am expected to follow all directions provided by the PCPS staff member while I am volunteering for the school or division.

\_\_\_\_\_ I understand that I am expected to refrain from using any profanity, vulgar language or derogatory speech; being verbally or physically aggressive or abusive toward anyone; behaving in a disrespectful or inappropriate manner.

\_\_\_\_\_ I understand that I am required to honor the confidentiality of the students and staff with whom I work. This includes all photographs, personal, health, behavioral, and academic information.

\_\_\_\_\_ I understand that the following items are prohibited on school grounds, in any school vehicle, or at any school sponsored activity regardless of the location:

- Weapons of any kind (real or look-a-like; this includes weapons such as guns, knives - regardless of length, bats, swords, tasers)
- Drugs or alcohol of any kind
- Tobacco Products, including smokeless products
- Vapes or any vaping devices or paraphernalia
- Any other items or devices banned by PCPS or excluded from property

\_\_\_\_\_ I understand that some volunteer activities, such as chaperoning or serving as a student mentor may require additional training.

\_\_\_\_\_ During such times as I am a volunteer for PCPS, I agree to assume full responsibility for such participation and release the school division from any damages which I may sustain thereby. I fully understand that if services are no longer needed, or my performance is not acceptable, the school and/or division has the right to terminate my services as required and without notice.

\_\_\_\_\_ I certify that all information on this Volunteer Application is true and correct to the best of my knowledge and belief. I also understand that making false statements may constitute a class 4 misdemeanor.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*All applications must be filled out **completely**, or they will not be processed. Please return this completed form to your **local school Principal**. Questions regarding the Volunteer Policy for Page County Public Schools may be directed to your school Principal and/or the Director of Federal Programs and Family Engagement.*

**FOR SCHOOL OFFICE USE ONLY**

Name of Person Verifying Application \_\_\_\_\_ Date \_\_\_\_\_

National Sex Offender Public Registry Checked	_____ Yes	Follow-up Necessary	_____ Yes
	_____ No		_____ No

**For Building Principal** (If volunteer checked 'yes' to any criminal history questions)

Approved for volunteer activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason:

**PCPS Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_