

# HARDY COUNTY SCHOOLS

## Application for School Volunteer Form

Please complete a separate form for each school you wish to volunteer

Name: \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Last 4 digits of Social Security # \_\_\_\_\_ E-mail address: \_\_\_\_\_

I would like to volunteer at \_\_\_\_\_ School for the \_\_\_\_\_ school year.

I would like to volunteer in the following capacity:

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I am a:

\_\_\_\_ New Volunteer      \_\_\_\_ Returning Volunteer from previous year

Please answer the following:

1. Have you ever been convicted of or plead guilty or no contest to a crime of violence?  
Yes \_\_\_\_ No \_\_\_\_
2. Have you ever been convicted of or plead guilty or no contest to a sexual offense?  
Yes \_\_\_\_ No \_\_\_\_
3. Are you now under charges for a sexual offense? Yes \_\_\_\_ No \_\_\_\_

Character reference:

1. \_\_\_\_\_  
Name Relationship to applicant
2. \_\_\_\_\_  
Name Relationship to applicant

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT - PLEASE SUBMIT THE FORM TO THE INDICATED SCHOOL FOR COMPLETION**

**TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR OR DESIGNEE:**

The signature below verifies that the school administrator or designee has:

\_\_\_\_ Verified the photo identity of the volunteer:

\_\_\_\_ Verified the volunteer is not listed on the Sex Offender site <https://www.nsopw.gov/en>:

Administrator or designee signature \_\_\_\_\_

School: \_\_\_\_\_

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

School administrator or designee please submit the completed form to the Personnel Office.