

**WIRT COUNTY SCHOOLS  
APPLICATION FOR VOLUNTEER/CHAPERONE**

Name	Home Telephone		
Address	Work Telephone		
	Cell Telephone		
Are you applying to be a <input type="checkbox"/> Volunteer (working within the school or classroom on a regular or semi-regular basis) <input type="checkbox"/> Chaperone (going on a school sponsored trip or activity to assist in chaperoning students) <input type="checkbox"/> Other (Please explain)			
Which school or schools do you wish to volunteer/chaperone: (You must have a principal's signature for each school checked).  <input type="checkbox"/> Wirt County Primary                      Principal's Signature <input type="checkbox"/> Wirt Middle                                      Principal's Signature <input type="checkbox"/> Wirt High    Principal's Signature			
Have you volunteered/chaperoned in other school systems: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			
Volunteer/Chaperone Training: <a href="https://sites.google.com/site/wcpwcmsvolunteertraining/home">https://sites.google.com/site/wcpwcmsvolunteertraining/home</a>		What Volunteer/Chaperone trainings have you attended? Date:	
Specialized Training		Skills, interests, hobbies	
What are your volunteer/chaperone interests? (Grade level, activity, etc)			
Availability: <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term <input type="checkbox"/> Special Projects			
Days of Week available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
References: Name 1 2	Relationship	Telephone	Length of time this person has known you
<b>**** Office use only **** Office use only **** Office use only</b> <b>** This section will be completed by Administration **</b>			
Form included: Criminal arrest/charges/conviction <input type="checkbox"/> Yes <input type="checkbox"/> No		Emergency Information form included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Superintendent's Signature		Date of Board of Education approval	

If necessary, additional information may be attached.

## VOLUNTEER/CHAPERONE CRIMINAL ARREST/CHARGE/CONVICTION DECLARATION

**Persons desiring to volunteer or chaperone in Wirt County Schools are required to report:**

All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;

Conviction related to other forms of child abuse and/or neglect;

All convictions of violent felonies.

You may **exclude** the following: Traffic fines of \$200 or less; Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies, committed prior to the prospective volunteers' 18th birthday, which was adjudicated in a juvenile court under a youth offender law; Any conviction whereas the record of which has been expunged under Federal or State authority.

Please provide your signature in all appropriate categories below:

I have **no** pending or prior criminal arrests or charges related to child sexual abuse.

Initial to verify

Date

I have **no** convictions related to any other form of child abuse and/or neglect.

Initial to verify

Date

I have **no** convictions of violent felonies.

Initial to verify

Date

I have **never** been arrested, charged, or convicted of child sexual abuse or neglect or of a violent felony.

Initial to verify

Date

**If you have been arrested, charged, and/or convicted of child sexual abuse or neglect or of a violent felony, attach information showing the offense(s) for which you were arrested, the date(s) of arrest, the charge(s) and/or conviction(s) and the disposition of each offense. Information provided will be assessed to determine its relevance in connection with your approval for volunteer/chaperone activities.**

I understand the State and/or National Criminal Record Background Checks may be conducted on all volunteers and chaperones at the request of Wirt County Schools and that these background checks will be at the expense of the volunteer or chaperone.

Signature

Date

**WIRT COUNTY SCHOOLS  
EMERGENCY INFORMATION**

In case of emergency, please contact one of the following individuals on my behalf. I understand that the primary contact will be contacted first, then the alternate/secondary contact only if the primary contact cannot be reached.

Name	
Primary Contact's Name	Relationship
Home Telephone Number	Work Telephone Number
Cell Phone Number	

Alternate/Secondary Contact's Name	Relationship
Home Telephone Number	Work Telephone Number
Cell Phone Number	

Do you have any health issues that emergency care providers would need to be aware of?

☐ Yes      ☐ No

If yes, please describe:

By providing emergency health information, you are agreeing to this information being disclosed to those individuals involved in providing emergency assistance.