

2010-2011 Volunteer/Mentor Application

An Equal Opportunity/Affirmative Action Employer

Please note: this form is not applicable to athletic coaches who must follow guidelines established by the Henrico County Public Schools Human Resources Department.

Name: Mr. _____
 Ms. _____ First Middle Last

Present Address _____

Phone Number (Home) _____ (Business) _____ (Emergency) _____

Are you a current HCPS employee or Yes
 have you worked for HCPS in the past? No If so, when _____ What school/location _____

Your name when employed (if different from present name) _____ Please list any relatives employed by HCPS _____

Do you have a valid driver's license? Yes License I.D. number _____
 No Issuing state _____ Expiration date _____

Occupation/Employer _____

Your date of birth _____

Children	Grade Levels	Schools They Attend	Teachers

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

Volunteer Information (Please list any volunteer experience)

Agency	Title	Duties	Length of Service

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Other _____

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 felony and/or a misdemeanor? Yes No
 If yes, please explain, and give dates of conviction, type of conviction, and jurisdiction where convicted.

 _____ (Please use additional sheet if necessary)

If you answered "Yes" to any of the above questions, HCPS may need to contact Child Protective Services (CPS) before making a decision about your application. Do you grant HCPS the right to check with CPS and/or police regarding any of the above investigations and/or convictions? Yes No

A VOLUNTEER is defined as a person who has chosen to donate his/her time and talent, without compensation, to assist with programs and activities in Henrico County Public Schools in an effort to enhance instruction and to promote learning opportunities.

The safety and security of the school community is a top priority of Henrico County Public Schools. For your protection and that of the students and staff, the school system conducts a check with the National Sex Offender Public Website which includes the Virginia State Police "Registry of Sexual Offenders and Crimes against Minors" on all school personnel and volunteers.

Anyone convicted of a misdemeanor or felony offense, especially an offense against a minor, may be disqualified from volunteering depending upon the nature of the offense and/or volunteer activity.

I acknowledge that I have read and received copies of the Guidelines for Volunteers and the Code of Student Conduct and that Henrico County Public Schools will check my name against the National Sex Offender Public Website.

The statements made by me in this application are 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 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** _____

If volunteer applicant is under 18 years of age, a parent/guardian must sign below

Parent/Guardian signature _____ Date _____ Telephone _____

In case of emergency, please contact _____ Telephone _____

All applications must be filled out **completely**, or they will not be processed. Please return this completed form to your **local school**. Questions regarding the volunteer policy can be directed to the HCPS Department of Communications & Community Outreach at 652-3535.

FOR OFFICE USE ONLY

Name of Person Verifying Application _____

Date of Verification _____

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