HCPS
Henrico County Public Schools

2009 – 2010 APPLICATION FOR VOLUNTEER SERVICE

(Volunteers must turn in an application at each school where they will be volunteering.)

The information requested on this form is CONFIDENTIAL for the use of the principal and volunteer coordinator only.

Name_____
First Middle Initial Last

Address_____
(Street)

_____ _____ _____
(City) (State) (Zip Code)

Phone _____ _____ _____
(Home) (Work) (Cell)

Email _____

Birth Date (IMPORTANT): _____
(Month) (Date) (Year)

Occupation/Employer (if applicable) _____

Names of children, grade levels, and schools they attend (if applicable)

_____

_____

Child or Children's Teacher(s): _____

List areas of volunteer service interest (typing, chaperone, tutoring, and classroom assistance)

_____

_____

Days and time available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Other
A.M.	_____	_____	_____	_____	_____	_____
P.M.	_____	_____	_____	_____	_____	_____

_____ Days and times available will vary per week.

(This form is not applicable to athletic coaches who must follow guidelines established by Henrico County Human Resources Department.)

PLEASE TURN FORM OVER FOR PAGE 2

Have you ever been:

- Convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? Yes_____No____
- Investigated by the Department of Social Services (Child Protective Services Unit) for abuse or neglect with a result of "founded"? Yes_____No____
- Convicted of a felony Yes_____No____
  If so, what was the conviction for and when? _____
  _____

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 regarding any of the above investigations and/or convictions? Yes_____No____

Emergency Information: _____
(Other than self) Name Telephone

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.

I acknowledge that I have 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 which includes the Virginia State Police registry of "Sex Offenders and Crimes against Minors."

To the best of my knowledge, all information contained in this application is complete and accurate. I understand that Henrico County Public Schools will not be responsible for the medical coverage of any injury incurred during my volunteer service.

Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO YOUR LOCAL SCHOOL.

The information requested on this form is CONFIDENTIAL for the use of the principal and volunteer coordinator only.

*Questions regarding **Volunteers** should be directed to **Dawn Hoppe**, Director of Public Information and Television Services, at (804) 652-3535.*

The proponent for this form is: **DEPARTMENT OF PUBLIC RELATIONS, Telephone: 652-3535**