



## Volunteer Application

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

*Note: Athletic coaches should contact Human Resources and use their application.*

**Full Name:** Mr. Ms. \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
First, Middle, Last

**Current Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Are you a current HCPS employee or have you worked for HCPS in the past?      Yes      No  
 If "Yes," list school location \_\_\_\_\_ and years of employment \_\_\_\_\_

Name during employment (if different from current name) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Do you have a valid driver's license?      Yes      No  
 State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have children in Henrico County Public Schools?      Yes      No

If you answered yes, please fill out the block below.

Names of Children	Current Grade Level	School Attending

Specific area of volunteer service in which you are interested (chaperone, tutor, office assistant, classroom assistant, etc.) \_\_\_\_\_

Do you have previous volunteer experience in the community or schools?      Yes      No

If you answered yes, please fill out the block below.

Agency	Title	Duties	Length of Service

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

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 misdemeanor?      Yes      No

Have you been convicted of a felony?      Yes      No

If you answered "yes" to either a misdemeanor or a felony, or both, please complete A and B below.

A. Give dates of conviction, type of conviction, and jurisdiction where convicted.

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B. Do you grant HCPS the right to check with Child Protective Services and/or police regarding any of the investigations and/or convictions indicated on this application?      Yes      No

Initials below acknowledge that I have completed required tasks.

\_\_\_\_\_ I have read the "Guidelines for Volunteers."

\_\_\_\_\_ I have read the HCPS Code of Student Conduct.

\_\_\_\_\_ I understand that I will need to complete an orientation on school guidelines and safety procedures before I begin any volunteer assignment.

\_\_\_\_\_ I understand that Henrico County Public Schools will check my name against the National Sex Offender Public Website.

\_\_\_\_\_ I acknowledge that the information that I have provided on this application is 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 have read, understand, and will abide by the rules, regulations, and policies concerning HCPS volunteers.

\_\_\_\_\_ 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: \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

All applications must be filled out completely, or they will not be processed. **Please return this completed application to the school where you want to volunteer. If you have any questions regarding the volunteer program, please contact the HCPS Office of School Safety and Emergency Management at 652-3511.**

**FOR OFFICE USE ONLY**

Name of Person Screening Application: \_\_\_\_\_ Date Screened: \_\_\_\_\_

National Sex Offender Public Website Checked:    Yes    No    Follow-up necessary:    Yes    No

Initials below confirm that you have done the required tasks.

\_\_\_\_\_ I have reviewed the application for completeness.

\_\_\_\_\_ I have screened this application.

\_\_\_\_\_ I have given this application to the principal for review.

Name of School Principal: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

I have reviewed this application and have approved it.    Yes    No

Principal's Signature \_\_\_\_\_ Date: \_\_\_\_\_