



Volunteer/Mentor Application

School Year: _____

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

Full Name: _____ **Date of Birth:** _____
First, Middle, Last

Current Address: _____

Home Phone: _____ **Cell Phone:** _____ **Email Address:** _____

Are you a current HCPS employee or have you worked for HCPS in the past?

If "Yes," what school/location _____ and years of employment _____

Name during employment (if different from current name) _____

List any relatives employed by HCPS _____

Occupation/Employer: _____ Do you have a valid driver's license?

State: _____ License Number: _____ Expiration Date: _____

Names of School-Age Children	Current Grade Level	School Attending

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

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?

Have you been investigated by the Department of Social Services (Child Protective Services Unit) for abuse or neglect with a result of "founded?"

Have you been convicted of a felony and/or a misdemeanor?
 If "Yes," please explain and give dates of conviction, type of conviction, and jurisdiction where convicted.

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?

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 "Sex Offender Registry" 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: _____

In case of emergency, please contact _____ Phone: _____

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

Parent/Guardian Signature: _____ Date: _____

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 & Public Relations at 652-3726.

FOR OFFICE USE ONLY

Name of Person Screening Application: _____ Date Screened: _____

National Sex Offender Public Website Checked: _____ Follow-up Necessary: _____

Principal Signature: _____ Date: _____