Spotsylvania County Public Schools
School Volunteer Form

Volunteer's Full Name	
Date of Birth	
Primary Phone Number	
Email	
Address (Line 1)	
Address (Line 2)	
School(s)	
Sport, Club, Organization	

Please summarize how your background, education, professional and/or personal experiences have prepared you for this volunteer assignment.

Background Questions

Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child?	☐ Yes	☐ No
Have you ever been convicted of violation of law other than minor traffic violations (including felonies or misdemeanors)?	☐ Yes	☐ No
Have you ever been the subject of a founded complaint of child abuse or neglect?	☐ Yes	☐ No

If you answered yes to any of the above questions, attach a letter of explanation and a copy of any relevant court documents or social services documents indicating judgements and disposition of the case.

_____ (Initial) I understand that any omission, misrepresentation, or false statement made on this application or any supplement to it will be considered sufficient grounds for my application not to be considered, or disciplinary action including dismissal should I become employed with Spotsylvania County Public Schools.

Have you had a background check completed through Human Resources during the current school year? ☐ Yes ☐ No

Emergency Contact

Name		Relationship	
Phone		Email	

Updated July 2024

References

Please list the names and contact information below for two individuals who can provide a character reference or can attest to your skills/qualifications as they relate to this volunteer assignment.

Name		Relationship	
Phone		Email	
Name		Relationship	
Phone		Email	

All volunteers must sign the following acknowledgement and release:

My signature below authorizes the school division to conduct a background investigation and authorizes release of information regarding criminal convictions and reports of child abuse or neglect. I waive my right of access to any such information, and without limitation hereby release the school division and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local sheriff, information from the Central Criminal Records Exchange, data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Virginia or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any finding of child abuse or neglect investigations involving me. I declare that the information I have provided is true and correct, and that I have not misled or fabricated any information on this form. I further certify that (i) I have not been convicted of a felony or any offense involving the sexual molestation, physical or sexual abuse or rape of a child; (ii) I have not been convicted of a crime (whether a felony or misdemeanor) of a crime of moral turpitude, which includes lying, cheating or stealing; and (iii) I have not been the subject of a founded case of child abuse and neglect. I also agree to notify Spotsylvania County Schools' Human Resources Department if I am convicted of any of the above offenses during my work or volunteering with Spotsylvania County Schools.

Volunteer Signature: _____ Date: _____

If this volunteer assignment meets the criteria described above requiring a background check, pursuant to policy IICC, it should be indicated below and initiated by the principal.

Check all that apply to this volunteer (background check required prior to volunteering):

☐ Regular Direct Contact with Students ☐ Collecting Money on Behalf of Organization or School

☐ Overnight Field Trip ☐ Answered Yes to Background Question on Page 1

☐ Background Check Required ☐ Background Check NOT Required

Principal Signature: _____ Date: _____

If background check is required, the principal should complete and send (either fax or interoffice mail) to the Office of Human Resources (540-834-2551), and retain a copy at the school. Upon principal approval, this form must be sent to Spotsylvania County Schools' Office of Human Resources and fingerprints obtained prior to any volunteer contact with students. The Chief Human Resources Officer will review this form and confirm clearance of background check prior to the individual being allowed to begin to volunteer. Once cleared, the Chief Human Resources Officer will sign below and forward a copy of the form to the principal.

☐ Eligible ☐ Ineligible

I certify that the Office of Human Resources has conducted the necessary background check and has/has not released this individual to volunteer.

CHRO Signature: _____ Date: _____