

CLEVELAND COUNTY SCHOOLS



VOLUNTEER APPLICATION

The Cleveland County Board of Education is committed to the safety and well-being of all students. For this reason, principals are directed to conduct a criminal record check on all volunteers who may have unsupervised contact with student or who volunteer regularly in the schools.

Under this policy, Principal \_\_\_\_\_ requests that you agree to undergo a criminal record check before finally approving your application to volunteer. The Cleveland County Schools also may conduct periodic criminal record checks on you after you begin volunteering. You are entitled to receive a copy of any report if you request it, or if the school system modifies your volunteer status as a result.

Authorization

Please complete this form if you authorize the Cleveland County Schools to obtain a criminal history report from the North Carolina State Bureau of Investigation, or other agency or source of information.

VOLUNTEER CONTRACT INFORMATION:

Date: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_

Address: Home: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street/P. O. Box City State Zip

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address:: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street/P.O. Box City State Zip

Have you ever been employed by CCS? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give dates \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ NC Drivers's License # \_\_\_\_\_ SS# \_\_\_\_\_

List all counties of residence in North Carolina:

\_\_\_\_\_  
\_\_\_\_\_

List all residences outside of NC, including street address, city and state:

\_\_\_\_\_  
\_\_\_\_\_

VOLUNTEER AVAILABILITY AND INTERESTS: (Please circle)

How often are you available to volunteer?

Once a week / Once a month  
Every other week / Periodically

What grade do you prefer?

Preschool / Intermediate School  
Elementary / Middle School / High School

List day(s) of week available \_\_\_\_\_

Time Available: 7-9a.m. / 9-a.m.-12:00 a.m. / 12:00a.m.-3p.m. / Lunch time only / Other \_\_\_\_\_

Schools requested (list the school(s) where you would like volunteer) \_\_\_\_\_

Task(s) preferred (list any preferences you have for your volunteer assignment) \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please continue with the application on back of this page

**PLEASE READ AND SIGN THE FOLLOWING:**

- I will hold in confidence any information revealed to me pertaining to my student.
- I will report any home or school concerns about a child to the school coordinator of volunteers, the manager of the program, the child’s teacher, or directly to the principal before I leave for the day.
- I understand that I have a legal obligation to report any suspected abuse or neglect that is revealed to me by a child to the principal or designated person.
- I will not contact the child off campus or remove him/her from school at any time without written parental permission.
- I will call the volunteer coordinator or manager when I have to be absent.
- I will sign in and out each day when I volunteer at the school.
- I will perform my duties to the best of my ability.
- I will follow Cleveland County Schools’ policies and procedures, including record keeping requirements and confidentiality of patron information.
- I will meet at the times and perform the duties as agreed or provide adequate notice so that an alternative arrangement can be made.
- I understand the diversity in all students and believe in their ability to be successful.
- I understand the school board may maintain a volunteer file and that such file may be open for inspection in accordance to state law.

I also confirm that I have not been convicted of a felony or any offense involving drugs, alcohol, child abuse, sexual aberration or any moral turpitude.

I affirm that the above information is true and complete to my knowledge.

I hereby authorize the Cleveland County Schools to obtain a criminal history report from the North Carolina State Bureau of Investigation, or other agencies, and waive any claim for damages or injury against the Cleveland County Schools or the provider of the report, except as provided by the Fair Credit Reporting Act.

*This agreement can be canceled at any time at the discretion of either party.*

**Please return this form to the school(s) in which you would like to volunteer**

**Volunteer’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SCHOOL USE ONLY**

**Date Received:** \_\_\_\_\_ **School Assigned:** \_\_\_\_\_

**Criminal Record Check:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal: Approval**  
**Denial**

**email Approval/Denial to Director of Safe Schools – Phil Weathers**