

If yes to a felony and/or misdemeanor, please explain, and give dates and types of conviction, and jurisdiction where convicted.

Date of Conviction: _____ Type of Conviction: _____ Jurisdiction: _____
Detailed Explanation: _____

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Detailed Explanation: _____

(Please use additional sheet if necessary)

If you answered "Yes" to any of the above questions, ACPS may need to contact Child Protective Services (CPS) before making a decision about your application. Do you grant ACPS the right to check with CPS and /or police regarding any of the above investigations and/or convictions? Yes No

A school 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 Augusta 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 Augusta 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.

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 a copy of the school's Volunteer Guidelines and that Augusta 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 Augusta County Public Schools.

During such times as I am a participant in the Augusta County Public Schools volunteer program, I agree to assume full responsibility for such participation and release Augusta 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, Augusta County Public Schools has the right to terminate my services as required and without notice.

Signature _____ **Date** _____
Date of Birth _____

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

Parent/Guardian signature _____ Date _____ Telephone _____

In case of emergency, please contact _____ Telephone _____

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 Assistant Superintendent for Administration at 245-5100.

FOR OFFICE USE ONLY

Name of Person Verifying Application _____

Date of Verification _____

National Sex Offender Public Registry Checked Yes No Follow-up Necessary Yes No