

## VOLUNTEER APPLICATION FORM

Updated 2023-24 SY

The Wythe County School Board supports and encourages the active participation of parents and members of the community in providing and extending educational opportunities for all children. The involvement of parents, volunteers, and others in the community who can serve as a resource to schools is a fundamentally important component of successful school programs.

Please fill out this form for volunteer consideration.

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

Maiden Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Social Security Number (last four digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please describe below the school-related activity in which you desire to volunteer and the nature of the duties that you intend to perform:

Please provide below the dates you will be involved with this school related activity:

Are you a parent or legal guardian of student(s) involved in this school related activity?

Yes \_\_\_\_\_ Student Name(s): \_\_\_\_\_

No \_\_\_\_\_

### CERTIFICATIONS FOR SCHOOL VOLUNTEERS

YES	NO	
_____	_____	Have you ever been convicted of a felony; a crime of moral turpitude (lying, cheating, stealing, or other dishonesty offenses); or any offense involving the sexual molestation, physical or sexual abuse, or rape of a child or solicitation of such an offense?
_____	_____	Have you ever been, or currently being, investigated for alleged or suspected child abuse or neglect by any governmental agency?
_____	_____	Have you ever been convicted or pleaded nolo contendere (no Contest) to any violation of the law other than minor traffic tickets? The following are examples of not minor traffic offenses: DWI, DUI, failure to stop in the event of an accident (hit and run), driving while license revoked or suspended.
_____	_____	Do you have any criminal charges, investigations, or proceedings pending against you?

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS,  
ATTACH A STATEMENT OF EXPLANATION.**

## STATEMENT OF CONFIDENTIALITY FOR SCHOOL VOLUNTEERS

I understand in the course of association with the Wythe County Public Schools, I share the responsibility of maintaining the confidentiality rights of all employees, volunteers, and students. I understand it is my responsibility to assure the confidentiality of all written, verbal, or electronic information I may receive or have access to during the course of my volunteer work for the Wythe County Public Schools. I understand that my access to student information should only be for legitimate educational purposes regarding each student and I am not to access such information for any other purpose. I further understand and agree not to share or discuss academic, social/behavioral, or personnel related information regarding students, employees, or volunteers with anyone, unless otherwise directed by the administration or other school personnel supervising my work. Any breach of confidentiality will be carefully reviewed, and if substantiated, could result in termination of volunteer involvement with Wythe County Public School.

## ACKNOWLEDGMENTS FOR SCHOOL VOLUNTEERS

I agree to perform the aforementioned school related activity, offer my services freely and without coercion, and that I will not accept any compensation or gift to perform this school-related activity for Wythe County Public Schools.

I acknowledge that I have read and that I understand the statement of confidentiality.

I certify that the information supplied by me in this application is complete and is true. I understand that any misstatement of material facts will cause forfeiture of all rights to volunteer in the service of Wythe County Public Schools.

I agree to abide by the policies, regulations, and practices of the Wythe County Public Schools.

I understand the school division may determine, at any time and for any reason, my services in this volunteer capacity are no longer necessary. Furthermore, at any time and for any reason, I may withdraw my services as a volunteer.

I acknowledge that Wythe County Public Schools will complete a criminal background and a Virginia Sex Offender Registry Check, which I authorize by my signature below. I understand certain criminal convictions or pending charges/investigations could preclude me from volunteering, and that decision is to be made by Wythe County Public Schools in its sole discretion.

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**Volunteer's Printed Name**

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**Date**

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**Volunteer's Signature**

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**Date**

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**Administrator's Witness/ Signature/Comments**

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**Date**  

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**Director of Human Resources**

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**Date**

This completed form must be received and approved by the Director of Human Resources at least two weeks prior to any participation of the volunteer.