



## LCPS Volunteer/Mentor Application

An Equal Opportunity/Affirmative Action Employer

Please note: this form is not applicable to athletic coaches who must follow guidelines established by the Loudoun County Public Schools Human Resources Department.

Name: Mr. \_\_\_\_\_  
Ms. First Middle Last

Present Address \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
(Emergency) \_\_\_\_\_

Are you a current LCPS employee or have you worked for LCPS in the past? Yes No  
If so, when \_\_\_\_\_ What school/location \_\_\_\_\_

Your name when employed \_\_\_\_\_ please list any relatives employed by LCPS  
(if different from present name) \_\_\_\_\_

Do you have a valid driver's license? Yes No License I.D. number \_\_\_\_\_  
Issuing state \_\_\_\_\_ Expiration date \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Your date of birth \_\_\_\_\_

Children	Grade Levels	Schools They Attend	Teachers
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Volunteer Information (Please list any 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? Yes No
- Have you been investigated by the Department of Social Services (Child Protective Services Unit) for abuse or neglect with a result of "founded?" Yes No

- Have you been convicted of a felony and/or a misdemeanor?

**Yes No**

If yes, please explain, and give dates of conviction, type of conviction, and jurisdiction where convicted.

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(Please use additional sheet if necessary)

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

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 Loudoun 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 Loudoun County Public Schools. For your protection and that of the students and staff, the school system conducts a check with 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 copies of the Guidelines for Volunteers and the Code of Student Conduct and that Loudoun County Public Schools will check my name against the Virginia State Police 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 Loudoun County Public Schools.

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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 \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>					
Name of Person Verifying Application _____					
Date of Verification _____					
National Sex Offender Public Registry Checked		Yes	No	Follow-up Necessary	
		Yes	No		



## Volunteer Verification Check Form

DATE: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

I hereby certify that all volunteers at our school:

- have completed an application for volunteer service and a copy is on file at our school
- have been screened against the Virginia State Police Sex Offenders Public website (Virginia.Gov).

\_\_\_\_\_  
Principal

As of \_\_\_\_\_, our total # of volunteers is \_\_\_\_\_.

**Report all volunteer hours to the Outreach Office, ex. 1460 Wendall T. Fisher, Outreach Supervisor.**

updated 5/16/2014