

# APPLICATION FOR VOLUNTEER INVOLVEMENT

## Avery County Public Schools

775 Cranberry Street  
Newland, NC 28657

Please print or type:

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

\_\_\_\_\_  
911 Address (Street number and name) City/State Zip Code

\_\_\_\_\_  
County Birthdate Home Phone Work Phone

Person to be contacted in case of emergency or illness: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

### Employment:

\_\_\_\_\_  
Occupation Current Employer

\_\_\_\_\_  
Special training, certification or licenses (e.g., CPR, lifeguard, etc.)

### Skills, Hobbies and Interests:

Check the following skills, experiences, etc. which you have:  fund raising  serving as a resource speaker  
 foreign language  sign language  clerical  computer  recreation/athletics  horticulture  
 test proctor  music or fine arts  special events  other (specify): \_\_\_\_\_

Special interests or hobbies: \_\_\_\_\_

### Community Involvement:

Membership in other community/civic groups or organizations: \_\_\_\_\_

Have you volunteered in a Avery County Public School?  Yes  No

If yes, please list schools: \_\_\_\_\_

In which school/s are you interested in volunteering: \_\_\_\_\_

Have you ever worked with students?  Yes  No

If yes, describe: \_\_\_\_\_

Would you prefer to work directly with students?  Yes  No If no, give preference \_\_\_\_\_

List other volunteer experiences: \_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_

When are you available? Days \_\_\_\_\_  
Hours \_\_\_\_\_

**Referral and Reference:**

How did you learn about school volunteering? \_\_\_ newspaper \_\_\_ staff \_\_\_ volunteer \_\_\_ other

Please provide two personal references:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Have you ever been convicted of any violation of the law other than a minor traffic ticket? \_\_\_ Yes \_\_\_ No

Have you ever entered a plea of nolo contendere (no contest) to any charge against you? \_\_\_ Yes \_\_\_ No

Do you have any criminal charges pending against you or are you currently involved in any criminal proceeding, including supervised or unsupervised probation? \_\_\_ Yes \_\_\_ No

Expectations of a volunteer have been explained to me by principal or other school staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE USED FOR VOLUNTEERS UNDER 18 YEARS OF AGE**

I hereby give permission for my child/ward to be a volunteer worker for Avery County Public Schools.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**For office use only:**

Volunteer Level

\_\_\_ Level 1

\_\_\_ Level 2

\_\_\_ Level 3

(Attach Volunteer Profile Form)

\_\_\_ Level 4

(Attach Volunteer Profile Form)



**STATEMENT OF UNDERSTANDING OF AVERY COUNTY PUBLIC SCHOOLS POLICY ON  
ACKNOWLEDGEMENT OF CONFIDENTIALITY OF STUDENT INFORMATION**  
(To be completed for Level 1, 2, 3, and 4 volunteers)

In connection with my activities as a volunteer, I agree to hold all information I may have access to about students or former students confidentially and will not divulge any information to unauthorized persons. I understand that the divulging of confidential information to unauthorized persons will make me subject to either civil action for the collection of monetary damages and/or suspension or dismissal.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Witness

**ABUSE/NEGLECT/EXPLOITATION INCLUDING CORPORAL PUNISHMENT**

I understand that abuse, neglect, exploitation and corporal punishment of Avery County Public School students will not be tolerated. I understand that abuse, neglect, exploitation and corporal punishment by a volunteer are in violation of North Carolina State statutes on students' rights and could result in criminal prosecution.

I clearly understand that any actions on my part counter to the above regulations can result in the loss of my position as a volunteer. I further understand that these regulations will be followed consistently in all Avery County Public School facilities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Witness

**AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize Avery County Schools to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization shall be as valid as the original.

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

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Company.
- Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

**Personal Identifying Information Needed for Background Check** - To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

Last Name	First	Middle
Last Name	First	Middle
Last Name	First	Middle
Home Street		Apartment/Uni
City	State	ZIP
Phone	E-mail	
Date of Birth	Social Security No.	Gender Race
Drivers License Number	State Issued	Expires

Have you ever been convicted of any violation of the law other than a minor traffic ticket? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have any criminal charges/convictions or procedures pending? \_\_\_\_\_ Yes \_\_\_\_\_ NO

In what capacity will you be involved? \_\_\_\_\_ (chaperone, tutor, intern, student teacher, volunteer, etc.)

School/Schools \_\_\_\_\_

**Note:** ACS contract with this company (BIB) is limited to a criminal background check & sex offender registry check.

