

PERSONAL DATA:

FIRST NAME	LAST NAME	HOME PHONE	CELL PHONE
E-MAIL		SCHOOL NAME WHERE YOU WILL BE VOLUNTEERING	

VOLUNTEER ACTIVITIES IN WHICH YOU ARE INTERESTED IN:

EDUCATION: Name and Location of Institution Area of Study Degree Received Date Received Dates Attended [TO → FROM]

High School					
College					

EMPLOYMENT:

Name of last Employer	Job Description/Title	Dates of Employment [TO → FROM]

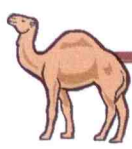
Have you ever been employed by Buncombe County Schools? NO YES, Location:

REFERENCES [Must list at least 2 references]

Name and Address	Relationship	Phone Number

Level I Volunteer – Background Check NOT Required: complete only this page
A person who volunteers on a sporadic or occasional basis and do not have unsupervised contact with students. Example: PTA/PTO fundraising, testing proctors, concession workers, field trip chaperones, and those who help with campus beautification projects.

Level II Volunteer – Background Check REQUIRED: complete both pages
A person who either may have unsupervised contact with students or who volunteers at a school on a consistent and regular basis (one or more times per week for a majority of the weeks in a school year).



NOTE: PLEASE ENTER **LEGAL** NAME AS SEEN ON YOUR SOCIAL SECURITY CARD--

FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME	ALL MARRIED NAMES

CURRENT ADDRESS

CITY	STATE	ZIP	DRIVER'S LIC # / STATE

SCHOOL NAME WHERE YOU WILL BE VOLUNTEERING

PLEASE LIST ALL STATES OF RESIDENCE, FOLLOWED BY COUNTY (AGE 16 AND UP):

IF YOU HAVE EVER BEEN CHARGED OR CONVICTED OF A CRIME, PLEASE NOTE HERE:

DEMOGRAPHICS--
 [REQUIRED FOR BACKGROUND CHECK PURPOSES]

DATE OF BIRTH:

HISPANIC/LATINO?:
 YES NO

RACE: [CHECK ALL THAT APPLY]
 Black
 Pacific Islander
 Asian
 American Indian
 White

GENDER:
 F M

Confidentiality Statement and Release to Conduct Background Check

Confidentiality is essential. As a school volunteer sensitive information may be shared with you, either by a student or by other professionals at the school. It is very important that the sensitive information not be shared with others, unless it is information that should be shared with the administration at the school. For example, it will not be viewed as a breach of confidentiality to discuss life threatening or health situations involving your student with the administration at the school. In fact, the information must be reported, and this procedure is consistent with North Carolina General Statutes.

As a volunteer, I promise not to share any confidential information about students, or about his/her family, with other individuals outside of the administration at the school.

I certify that all the foregoing information in my application is complete, accurate and true and agree to notify the district of any change in the foregoing information. Further, I certify that I have fully disclosed above all criminal behavior of which I been convicted.

By typing my initials/typed name below, I am authorizing this to be considered to be my electronic signature.

INITIAL	TYPED NAME or SIGNATURE	SOCIAL SECURITY #	DATE

PLEASE RETURN THIS APPLICATION TO THE SCHOOL

