



**HENDERSON COUNTY
PUBLIC SCHOOLS**

Volunteer Application

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

REQUESTED SCHOOL(S): _____

REFERENCES:

Name of Reference (no relatives)	Complete Mailing Address	Home	Cell	Work
1)				
2)				
3)				

Please answer the following questions. *(If you answer yes to any of these questions, please explain on back).*

Have you ever:

- Been convicted of a felony? If yes attach circumstances?** YES NO
- Been convicted or charged with any violation of the law other than a minor traffic ticket?** YES NO
- Do you have criminal charges or procedures pending?** YES NO

Select Volunteer Category:

- Classroom Standard: Volunteers in the classroom setting.
- Coach: Volunteers by assisting different athletic sports programs.
- Migrant Education Program: Must be approved by Migrant Education Program Director. *(Submit this application to Ms. Simone Wertenberger, Central Office 697-4733)*

QUALIFICATIONS:

- All volunteers must be approved by the school Principal.
- Availability, dependability, reliability, friendliness and flexibility.
- Awareness of and willingness to follow school Staff-Student Relations Policy 795.
- Special talents or abilities that help to enrich the school program.
- Recognition that accepting an assignment is a serious commitment.
- Maintain strict confidentiality regarding students and school personnel.
- A desire and interest in working with children and youth.
- A willingness to learn and to follow directions while working with students.

BACKGROUND CHECK:

- Submit your background check information via Secure Volunteer *(Powered By BIB)*
 - This screening creates a safer environment.
 - Secure Volunteer *(Powered By BIB)* Website is secure and personal data is protected.
 - HCPS will pay for your background check.
 - Once approved you will receive your ID card from Secure Volunteer *(Powered By BIB)* at the address you provided.
 - Must have your volunteer ID card with you at all times during volunteering.
 - If you lose your ID go to the Secure Volunteer *(Powered by BIB)* and request a replacement. You will be charged a \$5.00 fee for the replacement card.

I certify that I have reviewed the above information. *(After signing below submit application to the school administrator).*

Date: _____

Signature of Volunteer: _____

For School Administrator Use Only: (Keep Volunteer Application on file at your school)

- References Checked and met with Volunteer
- Approve in Secure Volunteer *(Powered by BIB)*