



Volunteer Application School Year _____

Volunteers Impact Education: Thank you for your interest in becoming a volunteer for Charles City County Public Schools. Please complete this form and return it to the Charles City County Central Office. We appreciate your contribution toward making a difference in student learning.

Last Name:		First Name:		Middle Initial:	
Address	Street:				
	City:		State:		Zip Code:
Telephone Numbers	Home:		Cell:		Office:
Email Address:					
Employer/Occupation:				Job Title:	
Location Preference:					
Days of the Week Available:			Hours Available:		
Describe any training, skills or interests that will be useful in your role as a volunteer:					
Have you received Literacy for Life training?			Are you interested in receiving Literacy		
for Life training? <input type="checkbox"/> Yes <input type="checkbox"/> No			for Life training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of any offense involving the sexual molestation, sexual battery, physical abuse, sexual abuse or rape of a child?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you been investigated by Child Protective Services for abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you been convicted of a felony and/or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No					
By signing below, I certify that the above information is true and correct.					
_____ Signature				_____ Date	