



2018-2019
 Volunteer Application School Year
 Revised 9/2018

Thank you for your interest in becoming a volunteer for Charles City Public Schools.
 Please complete this form and return it to the School Board Office or your School Level Principal or Assistant Principal. CCPS appreciates your sharing your time and talent and for making a difference.

Last Name:	First Name:	Middle Initial:
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Address	Street:		
	City:	State:	Zip Code:

Telephone Numbers	Home:	Cell:	Office:
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Email Address:

Location Preference:

Availability (Days and Time):

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Please identify the type(s) of volunteer activity/activities you hope to participate in?

Have you been convicted of any offense involving sexual molestation, sexual battery, physical abuse, sexual abuse or rape?
 Yes No

Have you been the subject of a founded case of Child Abuse? Yes No

Have you been convicted of a felony? Yes No

If convicted of a felony or a founded case of Child Abuse, please describe in detail information pertaining to the conviction or founded case. A felony conviction does not mean automatic denial of volunteer request.

Your signature below certifies the above information is true and correct.

_____	_____
Signature	Date
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SBO/Building Level Signature	Date
Approval Date _____	

**The building administrator will keep volunteer applications on file at the school.
 Volunteers may be required to have a criminal background check.
 Volunteer applications will be renewed annually.**