



LCPS Volunteer/Mentor Application

(Single-day volunteers, guests, or visitors are not required to submit this application.)

Confidentiality notice: Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Name: Mr. _____
Ms. _____
First Middle Last

Present Address _____

Phone Number (Home) _____ (Business) _____ (Emergency) _____

Are you a current LCPS employee or have you worked for LCPS in the past? Yes No
If so, when _____ What school/location _____

Your name when employed _____ **Please list any relatives employed by LCPS**
(if different from present name)

Do you have a valid driver's license? Yes No License I.D. number _____
Issuing state _____ Expiration date _____

Occupation/Employer _____

Your date of birth _____

Children	Grade Levels	Schools They Attend	Teachers

Specific mentoring program or area of volunteer service in which you are interested (chaperon, tutor, office assistance, classroom assistance, etc.) _____

Volunteer Information (Please list any volunteer experience)

Agency	Title	Duties	Length of Service

Hours Available Monday Tuesday Wednesday Thursday Friday
AM PM Other _____

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

Have you been investigated by the Department of Social Services (Child Protective Services Unit) for abuse or neglect with a result of "founded?" Yes No

Have you been convicted of a felony and/or a misdemeanor? Yes No
If yes, please explain, and give dates of conviction, type of conviction, and jurisdiction where convicted.

(Please use additional sheet if necessary)

If you answered "Yes" to any of the above questions, LCPS may need to contact Child Protective Services (CPS) before making a decision about your application. Do you grant LCPS the right to check with CPS and/or police regarding any of the above investigations and/or convictions? **Yes No**

A VOLUNTEER is defined as a person who has chosen to donate his/her time and talent, without compensation, to assist with programs and activities in Loudoun County Public Schools in an effort to enhance instruction and to promote learning opportunities.

The safety and security of the school community is a top priority of Loudoun County Public Schools. For your protection and that of the students and staff, the school system conducts a check with the Virginia State Police "Registry of Sexual Offenders and Crimes against Minors" on all school personnel and volunteers.

Anyone convicted of a misdemeanor within the last (10) years or felony offense, especially an offense against a minor, may be disqualified from volunteering depending upon the nature of the offense and/or volunteer activity.

I acknowledge that Loudoun County Public Schools will check my name against the Virginia State Police Sex Offender Public Website.

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with Loudoun County Public Schools.

I fully understand that if my services are no longer needed or my performance is not acceptable, Loudoun County Public Schools has the right to terminate my services as required and without notice.

Signature _____ **Date** _____

If volunteer applicant is under 18 years of age, a parent/guardian must sign below

Parent/Guardian signature _____ Date _____ Telephone _____

In case of emergency, please contact _____ Telephone _____

FOR OFFICE USE ONLY

Name of Person Verifying Application _____

Date of Verification _____

National Sex Offender Public Registry Checked Yes No Follow-up Necessary Yes No