



Chesterfield County Public Schools
VOLUNTEER

200; -32 CONFIDENTIAL APPLICATION

Name:

(Print) Last First Middle

Home Address:

Street City Zip Code

Telephone: _____
Day Evening Best Time to Call

Emergency Contact _____ Telephone (Day) _____

Why do you want to be a volunteer? _____

List previous work or experiences with young people (i.e., scouts, church, community, etc.)

I acknowledge and agree that (1) I am not obligated if called upon to perform the volunteer services herein applied for; (2) additional personal information may be requested; and (3) CCPS reserves the right at all times to terminate my service.

In addition, I hereby state that I have not been convicted of and I AM NOT the subject of a pending charge for the following offenses: abduction of child for immoral purposes; sexual assault; pandering; crimes against nature involving children; taking indecent liberties with children; abuse and neglect of children including failure to secure medical attention for an injured child; obscenity offenses, within the Commonwealth, or any equivalent offense outside the Commonwealth.

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief

Applicant's signature: _____ Date: _____

Return to the School Office

For school use: Date received: _____ Date checked/rechecked: _____

The Chesterfield County public school system does not unlawfully discriminate on the basis of sex, race, color, age, religion, disability or national origin in employment or in its educational programs and activities. More info: chesterfield.k12.va.us/CCPS/About_CCPS/compliance_guidelines.htm