

Clay County Schools

Volunteer Application

Name: _____ Date: _____
Last First Middle

Social Security No. _____ Phone: (work) _____ (home) _____

Address: _____ City: _____

State: _____ Zip Code: _____ Date of Birth: _____

Age: Under 18 _____ 18-25 _____ 26-40 _____ 41-60 _____ over 60 _____

Educational/Occupational Background: _____

Interests/Talents: _____

Languages (other than English) _____

Email address: _____

Preference Information

Grade Level Preferred: K-3 _____ 4-6 _____ 7-8 _____ 9-12 _____ Other _____

Number of Students: 1:1 _____ Small Groups _____ Entire Class _____

Choose three of the volunteer assignment preferences in order preferred from the list below:

<input type="checkbox"/> Math	<input type="checkbox"/> Reading	<input type="checkbox"/> English/Grammar
<input type="checkbox"/> Spelling	<input type="checkbox"/> Vocabulary	<input type="checkbox"/> Social Studies
<input type="checkbox"/> Shadow for a Day	<input type="checkbox"/> Instructional Aide	<input type="checkbox"/> Chaperone
<input type="checkbox"/> Homework Assistance	<input type="checkbox"/> Guest Speaker	<input type="checkbox"/> Other: _____

Please describe your qualifications for the preference(s) indicated above:

Commitment: Regular Volunteer _____ Occasional _____ Other _____

Please indicate preferred days and times from the list below:

Monday AM / PM	Tuesday AM / PM	Wednesday AM / PM	Thursday AM / PM	Friday AM / PM
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Special Requests: _____

Health Restrictions: _____

Have you volunteered in any other area schools? _____ If yes, please list: _____

Have you ever been convicted of a felony? _____ Yes _____ No

Please list three character references:

Name	Address	City	State/Zip	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contact Information

Name: _____ Relationship: _____ Ph. Number: _____

Doctor: _____ Ph. Number: _____

Volunteer Confidentiality Statement

I, _____, a volunteer with the Clay County Schools, do hereby acknowledge and agree to uphold my responsibility to maintain absolute confidence with regard to any and all student case information with which I may be entrusted as a volunteer. I understand that I may be held accountable and liable for any grievance or damages that may result from my breach of this agreement.

Signature/Date

Clay County Schools complies with the Drug Free Workplace Act of 1988.

Clay County Schools is an equal opportunity employer and does not discriminate against any person on the basis of age, race, color, gender, national origin, religion, or handicap.

For Office Use Only:

ORIENTATION: _____

TRAINING: _____

SCHOOL: _____

DATE OF PLACEMENT: _____

Applicant's Waiver/Release and Affirmation

I hereby expressly authorize the Clay County Board of Education, its agents and employees to make any investigation of my personal or employment history, expressly including, but not limited to federal and/or state criminal law enforcement or traffic records. I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give the Board of Education and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information.

This release includes the sources cited above and specific examples as follows: Local Law Enforcement Agencies, Department of Motor Vehicles, information from the North Carolina Information Center and the Division of Criminal Information of either data on all criminal convictions or certification that no data or criminal convictions are maintained, for information from the Department of Social Services Child Protective Services Unit pertaining to any findings or child abuse or neglect involving me.

I understand that in compliance with the Immigration Reform and Control Act of 1986, The Clay County Board of Education will employ only United State Citizens and Aliens lawfully authorized to work in the United States. Upon employment, acceptable authorization and identification documents may be required.

I understand the Clay County Board of Education complies with the Americans with Disabilities Act and, if I am unable to complete this application because of any disability, I may contact the Personnel Office for assistance.

I understand any false information or any required information omitted on the application or in personal interviews will be considered sufficient grounds for immediate dismissal. I agree that if any information or answers to questions change either before or after employment, I will notify the Personnel Office in writing immediately.

I understand no offer of employment, either actual or implied by any official or employee of Clay County Schools is binding until accepted by the Personnel Office and approved by the Clay County Board of Education.

I understand assignments are made in accordance with the needs of Clay County Schools and are subject to change.

I understand the Clay County Board of Education and Clay County Schools may maintain a volunteer file on individual volunteers. Information in the volunteer file may be open to inspection in accordance with §115C-209.1.

Signature _____ Date _____