### KANAWHA COUNTY BOARD OF EDUCATION POLICY Volunteers in the Schools Series: C55 Reference: W.Va. Code §18-5-13 Issued: 06.17.2004 Revised: 01.20.2005 Revision Number: 1

# APPLICATION FOR PARTICIPATION AS A VOLUNTEER IN A KANAWHA COUNTY SCHOOLS

### DEPARTMENT OF HUMAN RESOURCES

200 Elizabeth Street Charleston, WV 25311 (304) 348-7770 Fax: (304) 348-

Kanawha County Schools is an Equal Opportunity Employer and Complies with the Provisions of the Americans with Disabilities Act

#### Instructions:

- 1. Print answers in black ink or use a typewriter.
- 2. Date and sign the application.
- 3. Use additional sheets of paper if necessary when answering.

1. Print Nan	ne:			2. Phone:		
Last	First	Middle		Home		Work
3. Address:				•	•	n items 4 and 6 is used solely to information in item 10.)
Number and	Street			4. Social Security	No.	
City and Stat	e	Zip Code				
5. Date of Bi	rth:					
Month	Day	Year		6. a.Race:		b. Sex
7. Provide	any other name	s by which you have bee	en known:			
8. List of S	tates in which ye	ou have lived (other thar	n West Virgin	ia) and the approximation	ate dates:	
State:			Dates:	from	to	
State:			Dates:	from	to	
State:			Dates:	from	to	
9. Name o	f the school at w	hich you want to volunte	er			

10. Have you ever been convicted of or paid a fine for any offense (including felonies, misdemeanors, or ordinance violations) or do you have any charges pending, other than minor traffic violations? <u>Yes</u> No If yes, list details below. Use separate sheet if necessary. (NOTE: Convictions are not an automatic bar to participation as a volunteer. Each case is considered on its own merit. Individuals who have felony convictions must be approved by the Board of Education before

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Date	Location	Charge	Court	Disposition of Charge

If yes, please explain fully \_

CERTIFICATE OF APPLICANT: I authorize Kanawha County Schools to make any inquiry of or receive information from any person or organization regarding my suitability as a volunteer and do hereby give permission to these persons or organizations to provide such information. Such inquiries may include and not be limited by enumeration to the quality and quantity of my work, work history and record, character, qualifications, and records of convictions. For and in consideration of the release of such information, I hereby forever waive, release, and covenant not to sue any person or organization including Kanawha County Schools, its agents and employees for the result of providing, obtaining, or acting upon such information. I give this waiver, release, and covenant not to sue understanding that the information obtained may be such as to disqualify me from participation as a volunteer. I understand that such information is sought with confidentiality, and I will not request copies of such information. I also certify that all statements made on this application are true and complete, accurate and not misleading to the best of my knowledge. I understand that any false statements, incomplete statements, or misrepresentations may subject me to disqualification or dismissal. A copy of this authorization shall be effective as the original.

Signature of Applicant	Date
Do you have a child attending a Kanawha County Schools? Yes	_ No
Child's Name	School's Name
WORK EXPERIENCE	
List 3 references (include address and telephone number).	
1	
2	
3	
WHY DO YOU WANT TO VOLUNTEER?	
VOLUNTEER EXPERIENCE	
HOBBIES:	
ARE THERE ANY RESTRICTIONS THAT WOULD LIMIT YOUR VOL	UNTEER ACTIVITY?
Yes No Explain	
School Preference for Volunteer Assignment (Indicate name of school	if interested):
Elementary Middle	High

TYPE OF WORK PREFERRED (Please check all that apply)

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Library       Mathematics       Drama       Lab Asst         General       Arts       Home         Classroom       and Crafts       Economics       Health Room         Tutoring       Science       Chaperone       Playground         Reading       Music       Clerical       Maintenance         Other        Instrument Played         Days and Times Available        Wednesday       Thursday         Person to Notify in Case of Emergency       Phone       Phone         Recommendation of Principal:       Ketomendation of Principal:       Ketomendation of Principal:				Computer		
Classroom and Crafts Economics Health Room         Tutoring Science Chaperone Playground         Reading Music Clerical Maintenance         Other         Foreign Language Spoken Instrument Played         Days and Times Available         Monday Tuesday Wednesday Thursday Friday         Person to Notify in Case of Emergency Phone	Library	Mathematics	Drama	Lab Asst.		
Tutoring       Science       Chaperone       Playground         Reading       Music       Clerical       Maintenance         Other        Instrument Played          Foreign Language Spoken       Instrument Played          Days and Times Available       Wednesday       Thursday       Friday         Person to Notify in Case of Emergency       Phone       Phone						
Reading       Music       Clerical       Maintenance         Other       Foreign Language Spoken       Instrument Played         Days and Times Available       Instrument Played       Friday         Monday       Tuesday       Wednesday       Thursday         Person to Notify in Case of Emergency       Phone       Phone	Classroom	and Crafts	Economics	Health Room		
Other Foreign Language Spoken Instrument Played Days and Times Available Monday Tuesday Wednesday Thursday Friday Person to Notify in Case of Emergency Phone	Tutoring	Science	Chaperone	Playground		
Foreign Language Spoken       Instrument Played         Days and Times Available       Monday         Monday       Tuesday       Friday         Person to Notify in Case of Emergency       Phone	Reading	Music	Clerical	Maintenance		
Days and Times Available         Monday Tuesday Wednesday Thursday Friday         Person to Notify in Case of Emergency Phone	Other					
Monday Tuesday Wednesday Thursday Friday Person to Notify in Case of Emergency	Foreign Language Spoken		Instrument	Instrument Played		
Person to Notify in Case of Emergency Phone	Days and Times Available					
	Monday Tu	esday	Wednesday	Thursday	Friday	
Recommendation of Principal:	Person to Notify in Case of Emergency			Phone		
	Recommendation of Princip	al:				

Principal

Date