

MONONGALIA COUNTY SCHOOLS
VOLUNTEER APPLICATION

It is the policy of Monongalia County Schools to make reasonable efforts to provide a safe learning environment for students working with volunteers. Therefore, Monongalia County Schools requires the following information from all volunteers.

VOLUNTEER NAME _____ SCHOOL NAME _____

VOLUNTEER ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

Have you ever been convicted of a felony? ___ Yes ___ No
If yes, you must agree to a background check.

Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?
_____ Yes _____ No *If yes, you must agree to a background check.*

IN CASE OF EMERGENCY, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Hospital Preference: _____ Other instructions: _____

I 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 _____ DATE _____

ADMINISTRATOR _____ DATE _____