SCOTT COUNTY SCHOOLS
VOLUNTEER APPLICATION FORM

Please write legibly.

Social Security Number (Used for background check) **Date of Birth**

Last Name **First Name** **Middle Initial**

Maiden or Alias Name _____ **Phone _____**

Address _____ **City _____** **State _____** **Zip _____**

Email _____ **Volunteer School(s) _____**

Name of child/grandchild attending school, if applicable _____

QUALIFYING ACTIVITY: *(i.e. coach, overnight trip, chaperone, regularly scheduled activity, etc.)*

CONDITIONS OF COMMITMENT - As a volunteer, I agree to:

- Read the Volunteer Handbook (located online at www.scott.kyschools.us)
- Submit to a criminal records check
- Never discipline students
- Dress in an appropriate manner for my volunteer assignment
- Supervise students as required, not just my own child/children
- Treat teachers, staff, students and other volunteers with respect
- Become familiar with safety and evacuation plans of the school
- Read and sign the Acceptable Use Policy before using school computers
- Keep the confidentiality of teachers, staff and students
- Discuss concerns with either the principal or teacher, not other volunteers
- Abide by all school rules and Board of Education regulations and policies that apply to me
- Honor my commitment to work as scheduled
- Notify my designated school/supervisor in advance if I must be absent from a scheduled commitment

The Scott County Board of Education reserves the right to deny a volunteer based upon knowledge of any offense that demonstrates a risk to students. NO CONSIDERATION will be given to any volunteer applicant who has a conviction for the following offenses:

- Any felony conviction
- Any drug conviction within the past five (5) years; or more than one (1) drug conviction, one (1) of which has been in the past ten (10) years.
- Any weapons violation
- Any sex related crime
- Harassment
- Assault; criminal abuse
- Unlawful transaction with a minor; endangering a minor; offense with or to a minor
- Any pending criminal charges

CONFIDENTIALITY

I understand that any information concerning any teachers or students is to remain confidential and not to be discussed outside of the school. I understand that if there is a problem, I need to discuss it with my assigned supervisor or the school principal.

I have read the volunteer handbook and agree to the conditions as outlined. I understand that by submitting this form, I am giving permission to Scott County Schools to run a Criminal Background Check on me.

VOLUNTEER SIGNATURE _____ DATE _____

Updated 7/01/17