



## Volunteer Application

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### ***Qualification Questions***

1. Are you a U.S. Citizen or an alien with work authorization? (Yes/No)

3. Does your name appear on any Sex Offender Database? (Yes/No)

Explanation: \_\_\_\_\_

4. Have you ever had an indicated finding of child abuse filed in your name? (Yes/No)

Explanation: \_\_\_\_\_

5. Do any of your relatives work in the NC Public Schools System? (Yes/No)

Explanation: \_\_\_\_\_

6. Do you have any criminal charges or procedures pending? (Yes/No)

Explanation: \_\_\_\_\_

7. Have you ever been convicted or pleaded no contest to any violation of the law other than a minor traffic ticket?  
(Yes/No) Explanation: \_\_\_\_\_

8. Are you at least 18 years of age? (Yes/No)

### ***General Questions***

1. Please indicate your areas of interest for volunteering (tutoring, helping in classrooms, mentoring, athletics, event support, etc.):

\_\_\_\_\_

2. Please indicate the schools/departments where you are interested in volunteering:

\_\_\_\_\_

3. What days and times are you available to volunteer? ( Morning  Afternoon  Evening; Days: \_\_\_\_\_)

4. Do you have any special skills, hobbies, certifications, or professional expertise you would like to share?

\_\_\_\_\_

5. Have you volunteered with Bladen County Schools or another school district before? If yes, list school(s), role(s), and dates:

\_\_\_\_\_

6. Which grade levels would you prefer to work with? ( Elementary  Middle  High School)

7. Do you have reliable transportation to and from your volunteer site? (Yes/No)

8. Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

9. Do you have any allergies, health conditions, or medical information the school should be aware of in case of emergency?

\_\_\_\_\_

10. What motivates you to volunteer with Bladen County Schools?

\_\_\_\_\_

***References***

Please list three references (one must be a recent employer or supervisor):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

***Acknowledgement of Board Policy***

I, \_\_\_\_\_, have received and read the following Bladen County Schools Board policies:

- Policy 1510/4200/7240 School Safety
- Policy 4040/7310 Student-Staff Relations
- Policy 5015 School Volunteers
- Policy 5020 Visitors to the Schools

***Acknowledgement of Volunteer Service***

I, \_\_\_\_\_, understand and agree that as a volunteer, I will perform hours of service for the school and/or school system for civic, charitable, or humanitarian reasons, without promise, expectation, or receipt of compensation.

***Acknowledgement of Indemnification***

I, \_\_\_\_\_, understand that Bladen County Schools will not be responsible for any injuries incurred while performing volunteer activities. I agree to hold harmless and indemnify the Bladen County Board of Education from any liability which the Board may incur as a result of your negligence.

***Acknowledgement of Background Check Process***

I, \_\_\_\_\_, understand that as part of the application process to serve as a volunteer with Bladen County Schools, a criminal background check will be conducted.

I authorize Bladen County Schools and its designated representatives to obtain and review any criminal history information necessary to determine my eligibility to volunteer. I understand that:

- The background check is required for certain volunteer levels as outlined in district procedures.
- Any information obtained will be used solely for the purpose of evaluating my application to serve as a volunteer.
- My application may be denied, or my volunteer service may be terminated, based on the results of the background check or failure to disclose relevant information.
- All information will be kept confidential to the extent permitted by law.

By signing below, I acknowledge that I have read and understand the acknowledgement statements above, and I consent to the background check process. I will complete all necessary and required background check documentation

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Principal/Director Review and Approval**  
*For Office Use Only*

Date Application Received: \_\_\_\_\_

Planned Area of Volunteer Service: \_\_\_\_\_

Notes/Comments:

By signing below, I support the application of the above individual to work in my school/department pending background check and final approval by the Superintendent.

Signature of Principal/Director: \_\_\_\_\_

Date: \_\_\_\_\_

**Superintendent's Office Approval**  
*For Office Use Only*

Date Application Received: \_\_\_\_\_

Background Form Sent to HR:                      Date: \_\_\_\_\_

Background Results Received:                      Date: \_\_\_\_\_

Status of Application:                      Approved                      Denied

Notes/Comments:

Superintendent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Written notice sent to volunteer and administrator:*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*