

Baltimore County Public Schools

Application for Volunteer Services

I. Volunteer Information

Title (if applicable): Dr. Mr. Ms. Mrs.

Last Name: _____ First Name: _____ Suffix: _____

Other Names Previously Used (if applicable): _____

Present Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Home Work Mobile
 Other: _____

Alternate Phone: _____ Home Work Mobile
 Other: _____

II. Preferred Assignment

Elementary Middle High Kindergarten Special School

School Preference: _____

Area Preference: NW SW C SE NE

Assignment Preference:

Assisting a teacher in the classroom Performing clerical tasks
 Working in the library No preference
 Other: _____

What interests you about the position? _____

Indicate day(s) and time(s) available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____

If you are volunteering for a specific occasion/event(s), please note event name/date here:

III. Volunteer/Work Experience

Have you ever applied for or served as a volunteer to any school or department within the Baltimore County Public Schools? Yes No

If yes, which locations? _____

Have you ever had your volunteer services terminated Yes No

If yes, please explain: _____

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IV. Background Information

Please complete attached affidavit.

V. Agreements

1. I understand that Baltimore County Public Schools reserves the right to reject any volunteer applicant.
2. I agree to observe all Baltimore County Public Schools policies and guidelines for the program to which I am applying.
3. I understand that volunteers will serve under the direct supervision of a Baltimore County Public Schools administrator or teacher and in the direct presence of a teacher or designated Baltimore County Public Schools employee.
4. I hereby authorize Baltimore County Public Schools to contact references; past and current employers; or agencies where I have provided volunteer service; and any other individual or organization that may have information relevant to my application.
5. I hereby release all of the above stated entities and their agents from any and all liability in connection with providing information, investigating or evaluating my application.
6. I waive any right that I may have to inspect any information provided about me in connection with this application.
7. I have read and understood the above stated information within this release and am signing below of my own free will.

Applicant Signature _____ Date (MM-DD-YY) _____

For Administrative Use Only

I have reviewed this application and the attached affidavit, and I have checked and affirm that the applicant's name does not appear on the Maryland Sex Offender Registry (<http://www.dpscs.state.md.us/onlineservs/sor/>).

Signature of Reviewer

Baltimore County Public Schools References

Please list two people (not related to you) whom we could call for a reference.

Name:			
Phone # (home)		(work)	
Street Address:			
City:		State:	
		Zip:	
Relation to applicant:			
Length of Acquaintance:			

Name:			
Phone # (home)		(work)	
Street Address:			
City:		State:	
		Zip:	
Relation to applicant:			
Length of Acquaintance:			

IN CASE OF EMERGENCY FORM FOR VOLUNTEERS

Please List Two People to Notify In Case of Emergency

TEENS: Please list a parent/guardian as ONE of the two people to contact in case of an emergency.

Name:			
Phone # (home)		(work)	
Street Address:			
City:		State:	
		Zip:	
Relation to applicant:			

Name:			
Phone # (home)		(work)	
Street Address:			
City:		State:	
		Zip:	
Relation to applicant:			

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Affidavit of Criminal History

I understand that in order to volunteer my services to vulnerable populations, prospective volunteers must certify that they do not have a history of criminal violations, or must disclose such violations if they occurred after the employee or volunteer reached the age of eighteen (18) years old. Violations which occurred prior to the age of eighteen (18) years old must be disclosed if they are public information.

I understand that for the purposes of this affidavit, a person is deemed to be *arrested and/or convicted of committing a felony or misdemeanor* if such person has been arrested or convicted under the laws of any state, the United States, or any territory subject to the jurisdiction of the United States. In addition, I understand that *convicted* means a conviction by a jury or court and also includes the forfeiture of any bail, bond, or other security deposited to secure the appearance by a person charged with a felony or misdemeanor, the payment of a fine, a plea of nolo contendere, and the imposition of a deferred or suspended sentence by the court.

I hereby affirm the following (*initial all that apply*):

(1) That I **have not** been arrested and/or convicted of any felony or misdemeanor, other than minor traffic violations *not* involving the use of alcohol and/or drugs; Initial _____;

OR:

(2) That I **have been** arrested and/or convicted of a felony or misdemeanor, other than minor traffic violations *not* involving the use of alcohol and/or drugs. That such conviction(s) occurred **prior** to the time I reached the age of eighteen (18) years old; Initial _____;

Please complete the information requested below for the following convictions:

Weapons Offense

Class 1,2,3, or 4 Felony

Date of conviction: _____

Court entering judgment of conviction: _____

Nature of the offense: _____

Attach additional sheets if necessary.

AND/OR:

(3) That I **have been** arrested and/or convicted of a felony or misdemeanor, other than minor traffic violations *not* involving the use of alcohol and/or drugs. That such conviction(s) occurred **after** to the time I reached the age of eighteen (18) years old and are detailed below; Initial _____;

Date of arrest: _____

Date of conviction: _____

Court entering judgment of conviction: _____

Nature of the offense: _____

Attach additional sheets if necessary.

ALL APPLICANTS MUST COMPLETE:

I agree to notify Baltimore County Public Schools immediately in the event that I am arrested or convicted of any such felony or misdemeanor during my volunteer service with Baltimore County Public Schools; (**exception:** *youth under the age of 18 years do not need to provide supplemental information unless that information is not confidential ie: Weapons or Class 1,2,3,4 Felony*) Initial _____.

I was notified that I may be required to sign an affidavit of criminal history on a periodic basis to verify continued status. By my signature below, I, _____, acknowledge that I have completed this affidavit fully and truthfully.

Employee/Volunteer Signature

Date

Witness Signature

Date