

## Volunteer Profile Sheet

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

School(s): \_\_\_\_\_

Requested Volunteer Level: Level I or Level II

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Children's Names: \_\_\_\_\_

How many hours per week can you contribute? \_\_\_\_\_

Please circle days available: Mon / Tues / Wednes / Thurs / Fri /Sat

Please indicate any previous work experience as a Volunteer in other organizations:

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Briefly describe why you offered to volunteer: \_\_\_\_\_

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I am interested in being a volunteer for: \_\_\_\_\_

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Information for Criminal Background Check (separate form provided)

School System Application (separate form online or paper copy)

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

EDWARDS & ASSOCIATES LLC  
P.O. BOX 805  
MOUNT AIRY, N.C. 27030  
PHONE: 336-786-1962  
FAX: 336-789-6779  
Email: [edwardsassoc@surry.net](mailto:edwardsassoc@surry.net)

Full Name (including maiden) \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driving License: State: \_\_\_\_\_ Number: \_\_\_\_\_

Please check one of the following:

I have not been charged or convicted of a misdemeanor or felony within the past 20 years

I have been charged or convicted of a misdemeanor or felony within the past 20 years.

Please indicate the date, location, charges and disposition of all cases. Failure to do so may be legitimate reason to terminated employment:

Signature: \_\_\_\_\_

I hereby authorize Edwards & Associates for Caswell County Schools to conduct a comprehensive review of my background which may include a consumer report, MVR, criminal history and other reports as deemed necessary by Caswell County. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to verification of social security number; current and previous addresses; employment history; education; character references; criminal history for all jurisdictions; motor vehicle records; and all other public documents required. I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to EDWARDS & ASSOCIATES, for Caswell County Schools and its agents.

I hereby release Edwards & Associates, and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time result to me, my heirs, family, or associates because of compliance with this authorization and request release.

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



**References**

It is the applicant's responsibility to have the following information provided for the school system in order to be considered for employment: 3 Letters of Reference Required.

Name of Reference	Position/Relationship	Complete Mailing Address	Phone Number Work	Phone Number Home
1.				
2.				
3.				

**Additional Information**

Please use all or part of the space below to give, in your own handwriting, whatever additional information you would like to share about yourself. This information could be a short autobiography, additional information regarding your cultural and educational background, your preparation, experience, interests and hobbies, plans, recreational activities, travel, or experiences with children in church, community, camp, or other activities. Please feel free to elaborate on information already given elsewhere in this application.

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The undersigned applicant/employee hereby expressly authorizes the Caswell County Board of Education, its agents, and its employees to make an investigation of my personal or employment history, expressly including, but not limited to federal and/or state criminal, law enforcement, or traffic records. I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give to the Board of Education, its agents, or its employees any information they may have regarding me. In consideration of the review of my employment application by the Board of Education, its members, officers, agents, or its employees, I hereby release the Caswell County Board of Education and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. A copy of this release and consent shall be considered as a duplicate original.

I have read the information contained in the application carefully and certify that the information I have given is correct and complete. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

Have you ever been convicted of a crime? Yes  No

If yes, explain each offense \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date