

**RANDOLPH COUNTY SCHOOLS
VOLUNTEER APPLICATION**

Level 1 2 3

SECTION I

PERSONAL INFORMATION

Date: _____ In which school do you plan to volunteer? _____

Date of Birth: _____ Child's Name (if applicable) _____ Teacher's Name _____

Name: _____
 First Middle Last Nickname

Mailing Address: _____
 Street City State Zip Code

Email Address: _____ Home Phone(____) _____ Cell Phone(____) _____
 Work Phone(____) _____

Have you ever been arrested, convicted of, pleaded no contest to or received a prayer for judgment for a misdemeanor or felony (other than traffic offenses)? _____ Yes _____ No

If yes, give date and circumstance. _____

SECTION II

EDUCATION

	Name and Location	Degree/Diploma	Years Attended
High School			
College/University			
Other (Military, Vocational, etc.)			

EMPLOYMENT

Please list all employment, beginning with your present or most recent employer.

Position	Name, Address, and Telephone Number of Employer	Date	
		From	To

REFERENCES

List three persons, not related to you, who can comment on your work experience or ability.

Full Name	Complete Address	Occupation	Telephone Number

The information supplied on this form is true and complete to the best of my knowledge.

Signature _____ Date _____

Principal's Authorization _____ Date _____

SECTION III

Complete the attached Volunteer Background Authorization and Release Form

The information supplied on this form is true and complete to the best of my knowledge.

Signature

Date

Principal's Authorization

Date

For Office Use Only

National Sex Offender Registry

Verified

Criminal Background Check

Volunteer Confidentiality Statement

Randolph County Schools

As a volunteer in Randolph County Schools, you have an absolute duty to maintain the confidentiality of student and staff records as required by law. In your role as a volunteer, you may be exposed to confidential information and/or records which cannot be shared, repeated or discussed with anyone other than school officials.

Legal References: Family Educational Rights and Privacy Act, G.S. 115C-47(18), 115C-402.

I shall respect the privacy concerns of students and staff, and will hold in confidence any and all information learned in the course of my service as a volunteer whether obtained from written records or daily interaction.

I will not disclose any confidential information to anyone except when mandated by law, or to prevent clear and immediate danger to a person or persons.

I understand that a violation of this confidentiality statement may be grounds for immediate termination of my services as a volunteer from all schools.

Volunteer Signature _____ Date _____

Principal Signature _____ Date _____