



If you answered "Yes" to any of the above questions, please explain, and give dates of arrest, charge, conviction, type of charge or conviction, and jurisdiction of charge or conviction.

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(Please use additional sheet if necessary)

Have you been investigated by the Department of Social Services (Child Protective Services Unit) for abuse or neglect with a result of "founded?" **Yes No**

If you answered "Yes" to any of the above questions, LCPS may need to contact Child Protective Services (CPS) or law enforcement before making a decision about your application. Do you grant LCPS the right to check with CPS and/or law enforcement regarding any of the above investigations and/or convictions?

**Yes No**

A VOLUNTEER is defined as a person who has chosen to donate their time and talent, without compensation, to assist with LCPS programs and activities in an effort to enhance instruction and to promote learning opportunities.

The safety and security of the school community is a top priority of LCPS. For your protection and that of the students and staff, the school system conducts a background check with the Virginia State Police "Registry of Sexual Offenders and Crimes against Minors" on all school personnel and volunteers.

Anyone convicted of a misdemeanor within the last ten (10) years or of any felony offense ever, especially an offense against a minor, may be disqualified from volunteering, depending upon the nature of the offense and volunteer activity.

**\*\*Applicant Certification\*\***

By signing below, I acknowledge that Loudoun County Public Schools will check my name against the Virginia State Police Sex Offender Public Website.

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with Loudoun County Public Schools.

I fully understand that if my services are no longer needed or my performance is deemed unacceptable or interferes with its operations, Loudoun County Public Schools has the right to terminate my services as required and without notice. I agree to promptly and without protest leave an area whenever I am requested to do so by an authorized Loudoun County Public School representative.

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

If volunteer applicant is under 18 years of age, a parent/guardian must sign below:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ Telephone \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>					
Name of Person Verifying Application _____					
Date of Verification _____					
National Sex Offender Public Registry Checked	Yes	No	Follow-up Necessary	Yes	No