

LCPS Volunteer/Mentor Application An Equal Opportunity/Affirmative Action Employer

Please note: this form County Public Schools				uidelines establish	ed by the Loudoun	
Name:Mr Ms. First	Middle		e Last			
Present Address						
Phone Number (Home) (Busine (Emergency)		ss)				
			ked for LCPS in the p		No	
Your name when em (if different from prese				ase list any relativ	ves employed by L	.CPS
Do you have a valid driver's license? Yes No Issuing state		License I.D.number Expiration date				
Occupation/Employe	er					-
Your date of birth _						
Children Grade Levels			Schools They Attend		Teachers	
Specific mentoring p assistance, classroom		f volunteer se	ervice in which you ar	re interested (chap	peron, tutor, office	
Volunteer Information (Please list any volunteer expendency Agency Title		rience) Duties		Length of Service		
Hours Available	Monday AM PM	Tuesday Other	Wednesday	Thursday	Friday 	
physical abuse, sexua	I abuse or rape of vestigated by the D	a child? epartment of	the sexual molestation	•		No No

 Have you been convicted of a felony and/or a m Yes No 	nisdemeanor?				
If yes, please explain, and give dates of conviction,	type of conviction, and	jurisdiction where convicted	•		
		(Please use additional sheet if necessary)			
If you answered "Yes" to any of the above questions Services (CPS) before making a decision about you check with CPS and/or police regarding any of the a	ir application. Do you	grant LCPS the right to	Yes No		
A VOLUNTEER is defined as a person who has chowith programs and activities in Loudoun County Pub opportunities.					
The safety and security of the school community is a and that of the students and staff, the school system Offenders and Crimes against Minors" on all school	n conducts a check wit	h the Virginia State Police "R			
Anyone convicted of a misdemeanor or felony offen volunteering depending upon the nature of the offen			lisqualified from		
I acknowledge that I have read and received copies and that Loudoun County Public Schools will check Website.					
The statements made by me in this application are twillful misstatements or material omission on this appropriate volunteer opportunities with Loudoun County Public	oplication will be consid				
During such times as I am a participant in the Loudoresponsibility for such participation and release Louthereby. I fully understand that if my services are no County Public Schools has the right to terminate my	doun County Public So o longer needed or my	chools from any damages who performance is not acceptable.	ich I may sustain		
Signature	Date				
If volunteer applicant is under 18 years of age, a part	rent/guardian must sig	n below			
Parent/Guardian signature	Date	Telephone			
In case of emergency, please contact		Telephone			
FOR OFFICE USE ONLY					
Name of Person Verifying Application Date of Verification National Sex Offender Public Registry Checked		-up Necessary Yes No			
Inational Sex Offender Fublic Registry Checked	162 INO LOUOM	-up necessary res ino			