Dear Banneker Families,

Loudoun County Public Schools is implementing a new required procedure to help keep our children safe while in school. In order to volunteer in any capacity, at Banneker Elementary, you will need to fill out the attached form in its entirety. In addition we will also need you to read and sign the confidentiality agreement below. Please continue to log your hours in the office whether you are volunteering in the school or completing Banneker volunteer work outside of school. These numbers are very important and are submitted monthly. Volunteers are an integral part of Banneker Elementary and we value the work that you all do to make Banneker the best school possible.

If you have any questions or concerns please do not hesitate to email me at LaVerne.Warner@lcps.org

Tootie Warner
Parent Liaison

I understand that the work I do is of great benefit and service to the staff and students at Banneker Elementary School. As part of my volunteerism, I may see, hear, or be in the vicinity of information regarding students and staff.

I, __________________________________, agree that I will preserve confidentiality for all information seen and heard during the course of my volunteer hours. I understand and agree that I shall not disclose to any other person or organization, any information acquired during my work as a volunteer. I also understand that if I break this agreement it will lead to my dismissal as a Banneker Elementary School volunteer. My signature below constitutes my acceptance of the terms of this confidentiality agreement.

__________________________________________  ____________
Signature                                        Date
LCPS Volunteer/Mentor Application
(Single-day volunteers, guests, or visitors are not required to submit this application.)

Confidentiality notice: Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Name: Mr. ____________________________  Ms. ____________________________  First ____________________________  Middle ____________________________  Last ____________________________

Present Address ____________________________

Phone Number (Home) ____________________________ (Business) ____________________________ (Emergency) ____________________________

Are you a current LCPS employee or have you worked for LCPS in the past? Yes  No
If so, when ____________________________  What school/location ____________________________

Your name when employed (if different from present name) ____________________________

Please list any relatives employed by LCPS ____________________________

Do you have a valid driver’s license? Yes  No
Issuing state ____________________________  License I.D. number ____________________________  Expiration date ____________________________

Occupation/Employer ____________________________

Your date of birth ____________________________

Children  Grade Levels  Schools They Attend  Teachers

________________________________________

________________________________________

________________________________________

Specific mentoring program or area of volunteer service in which you are interested (chaperon, tutor, office assistance, classroom assistance, etc.) ____________________________

Volunteer Information (Please list any volunteer experience)

Agency ____________________________  Title ____________________________  Duties ____________________________  Length of Service ____________________________

Hours Available:  Monday  Tuesday  Wednesday  Thursday  Friday
(circle all that apply) AM  PM  AM  PM  AM  PM  AM  PM

Other available times outside school hours: ____________________________

Have you been convicted of any offense involving the sexual molestation, sexual battery, physical abuse, sexual abuse or rape of a child? Yes  No

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
Have you been convicted of a felony and/or a misdemeanor?  
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, LCPS may need to contact Child Protective Services (CPS) before making a decision about your application. Do you grant LCPS the right to check with CPS and/or police regarding any of the above investigations and/or convictions?  

Yes  No

A VOLUNTEER is defined as a person who has chosen to donate his/her time and talent, without compensation, to assist with programs and activities in Loudoun County Public Schools in an effort to enhance instruction and to promote learning opportunities.

The safety and security of the school community is a top priority of Loudoun County Public Schools. For your protection and that of the students and staff, the school system conducts a 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 (10) years or felony offense, especially an offense against a minor, may be disqualified from volunteering depending upon the nature of the offense and/or volunteer activity.

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, Loudoun County Public Schools has the right to terminate my services as required and without notice.

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 ______________

FOR OFFICE USE ONLY

Name of Person Verifying Application _____________________________________________

Date of Verification __________________________

National Sex Offender Public Registry Checked  Yes  No  Follow-up Necessary  Yes  No

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