



LCPS Volunteer/Mentor Application

(School guests and 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: _____
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 _____ **Please list any relatives employed**
(if different from present name) _____ **by LCPS** _____

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

Occupation/Employer _____

Your date of birth _____

Child's Name	Grade Level	Current School

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

Volunteer Information (Please list prior volunteer experience.)

Agency/Organization	Title	Duties	Length of Service

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

Other available times outside school hours: _____

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

Have you been arrested, charged, or convicted of a felony and/or a misdemeanor? Yes No

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.

(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 _____

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