

# APPLICATION FOR VOLUNTEER INVOLVEMENT

**Burke County Public Schools**  
**P.O. Drawer 989**  
**Morganton, NC 28680-0989**

**School:** \_\_\_\_\_

For Office Use Only <b>Approved:</b> _____ <b>Approved with restrictions:</b> _____ <b>Not Approved:</b> _____
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Please note that Central Office must receive this form **15 days** prior to the volunteer related activity in order to process the application in a timely basis.

**Please print or type**

Last Name	First Name	Middle Name	Maiden Name
Address (Street number and name)		City/State	Zip Code
County	Home Phone	Work Phone	
Birth Date (month, day, year)	Gender _____ Male _____ Female		

### Employment:

Occupation	Current Employer
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**Student name's associated with this volunteer form:** \_\_\_\_\_

### Referral and Reference:

Please provide three non-family references:

Name _____	Phone number _____
Name _____	Phone number _____
Name _____	Phone number _____

Have you ever been convicted of any violation (misdemeanor/felony) of the law other than a minor traffic ticket?  
\_\_\_ Yes \_\_\_ No

Have you ever entered a plea of nolo contendere (no contest) to any charge against you? \_\_\_ Yes \_\_\_ No

Do you have any criminal charges pending against you or are you currently involved in any criminal proceeding, including supervised or unsupervised probation? \_\_\_ Yes \_\_\_ No

The Principal or other school staff has explained expectations of a volunteer to me. \_\_\_ Yes \_\_\_ No

In order to encourage parent and community involvement while assuring the safety of the children, Burke County Public Schools has implemented a volunteer screening policy. All volunteers are required to complete a Burke County Public Schools Volunteer Profile form. The screening policy includes a criminal background check and a check of the North Carolina Sex Offenders and Public Protection Registry. (Board Policy 5015)

**STATEMENT OF UNDERSTANDING OF BURKE COUNTY PUBLIC SCHOOLS POLICY ON ACKNOWLEDGEMENT OF CONFIDENTIALITY OF STUDENT INFORMATION**

In connection with my activities as a Volunteer, I agree to hold all information I may have access to about students or former students confidential and will not divulge any information to unauthorized persons. I understand that the divulging of confidential information to unauthorized persons will make me subject to either civil action for the collection or monetary damages and/or suspension or dismissal.

**ABUSE/NEGLECT/EXPLOITATION INCLUDING CORPORAL PUNISHMENT**

I understand that abuse, neglect, exploitation, and corporal punishment of Burke County Public School students **will not** be tolerated. I understand that abuse, neglect, exploitation, and corporal punishment by a volunteer are in violation of North Carolina State Statutes on students' rights and could result in criminal prosecution. Corporal punishment is allowed by certain school personnel according to General Statute #115C-391.

I clearly understand that any actions on my part counter to the above regulations can result in the loss of my position as a Volunteer. I further understand that these regulations hold fast in all Burke County Public School facilities.

The information contained in my application for volunteering with Burke County Schools is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents, which are deemed material by Burke County Schools, shall result in Burke County Schools not allowing me to volunteer. I understand and agree that all information furnished in my application is subject to review and verification by BCPS. I authorize all persons, firms and corporations, and law enforcement organization to give Burke County Schools all information relative to such verification and hereby release such individuals, organizations, and Burke County Schools from any and all liability for any claim or damage resulting there from. I hereby acknowledge that I have been informed by Burke County Schools that Burke County Schools may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record and criminal convictions or arrest records, in order to assist Burke County Schools in making volunteering decisions. I further acknowledge notification by Burke County Schools that reports may be provided to Burke County Schools by other firms contracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge Burke County Schools, the Burke County Board of Education, and its employees, including contractors, from any and all claims, monetary or otherwise, that I may have against Burke County Schools, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations.

Burke County Schools agrees to inform Applicant if a volunteering decision has been influenced by information contained in a consumer or criminal history report. Applicant may obtain a free copy of the report within sixty days by contacting Burke County Schools in writing. *The individual applying to be a volunteer will not have a credit or consumer check.*

**List all names that you have used during the last seven-(7) years (including married, maiden, and aliases): Please Print**

Name (First, Middle, Last): \_\_\_\_\_ Date of Birth (Mo./Day. Yr.) \_\_\_/\_\_\_/\_\_\_

Maiden Name (First, Middle, Last): \_\_\_\_\_ Dates Used—From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Other Names (First, Middle, Last): \_\_\_\_\_ Dates Used—From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

**Current and Previous Address(es)—last seven (7) years. Use extra page if necessary: (Month/Year)**

Street \_\_\_\_\_ From: \_\_\_\_\_

City, State, County \_\_\_\_\_ To: \_\_\_\_\_

Street \_\_\_\_\_ From: \_\_\_\_\_

City, State, County \_\_\_\_\_ To: \_\_\_\_\_

Street \_\_\_\_\_ From: \_\_\_\_\_

City, State, County \_\_\_\_\_ To: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date (Mo./Day/yr.):** \_\_\_/\_\_\_/\_\_\_