



Registry Check

Charlottesville City Schools Policy states that school volunteers must be checked through the Virginia Sex Offender Registry system. Staff members shall submit to the Principal the name and address of each volunteer. The principal shall screen each name and address against the registry information. If a match is found and confirmed, the individual may not be used as a volunteer.

School Volunteer Contract

- ☞ Volunteers should sign in and out at the school office and wear appropriate badges when in the building.
- ☞ Volunteers should arrive on time as assigned. If you anticipate an absence or being late, please notify the school office.
- ☞ Volunteers should conduct themselves in a professional manner in supervising children.
- ☞ Volunteers should keep all information regarding students and staff in the school confidential.
- ☞ Volunteers should discuss concerns directly and exclusively with the supervising teacher/staff.
- ☞ Volunteers should make outside arrangements for child care for younger children instead of bringing them to school during volunteer time.
- ☞ Volunteers may not smoke on school grounds.

Name _____

Address _____

Work Phone _____ Home Phone _____

Occupation (if retired, former occupation) _____

Vocational or special training _____

Special skills, interest and hobbies _____

Foreign languages (speak) _____ (write) _____

Children attending public schools YES ___ NO ___ School Name (if applicable) _____

Previous experience as a school volunteer YES ___ NO ___

Reference (not a relative)

Name _____

Address _____

Emergency Contact

Name _____

Phone _____

Have you ever been convicted for crimes against children? _____

I have read and understand the guidelines above, and agree to comply with them. In completing this registration, I understand that I am offering my services without compensation as a volunteer to the Charlottesville City Schools. I hereby assume full and complete responsibility for my own actions taken while serving as a volunteer with the Charlottesville City Schools, and I agree to hold the Charlottesville City Schools harmless from any liability resulting from my actions. My signature below confirms such agreement. I have received a copy of this guideline/contract with the Charlottesville City Schools.

SIGNATURE _____ DATE _____

Volunteer Preferences: I prefer

___ Working with individual children

___ High School (9-12)

___ Working with groups

___ Preschool Program

___ Own child's class only

___ CLASS Program

___ Elementary School (K-4)

___ Alternative Program

___ Upper Elementary (5-6)

___ Adult Education Program

___ Middle School (7-8)

What would you like to do _____

School/Program Name 1st Choice _____ 2nd Choice _____

Available Time		
	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
If possible, indicate the time you can spend in the school. For example: 10-11 a.m.		

Please return this form to the School Principal or Program Coordinator.

**THANK YOU FOR VOLUNTEERING
AND MAKING A DIFFERENCE IN OUR STUDENTS' LIVES!**