



WISE COUNTY PUBLIC SCHOOLS VOLUNTEER AGREEMENT

Volunteer's Full Name _____
(Last) (First) (M.I.) (Maiden Name)

Other Name(s) _____
(Please provide any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work or school record.)

Present Mailing Address _____
(Street) (City) (State) (Zip)

Permanent Mailing Address _____
(Street) (City) (State) (Zip)

Telephone Numbers:
Present _____ E-mail _____ Work _____

Social Security/Driver License Number _____ (Note: Completion of Social Security number is optional but your driver's license number must be provided. Failure to submit Social Security number on this form will not prohibit volunteering.)

PERSONAL DATA

Are you legally authorized to work in the United States? Yes No If no, which visa do you hold? _____

Are you able to perform the duties of the job for which you are volunteering? Yes No

Have you ever been convicted of any crime other than a minor traffic violation? Yes No
(If yes, please give details on a separate attached page.)

Have you ever been discharged or requested to resign from a former position? Yes No
(If yes, please give details on a separate attached page.)

Are you a former employee of Wise County Public Schools? Yes No

Have you been fingerprinted previously by Wise County Public Schools? Yes No

I, _____, of my own free will, agree to volunteer my time and services
(Name)

as _____ for _____ School. My time and services in the
(Position) (School)

volunteer capacity are given without promise, expectation or receipt of any form of compensation, benefits or other remuneration for this service. I understand that my participation as a volunteer may be terminated at any time, without cause, and that I may withdraw from participation at any time for any reason and that my withdrawal will not affect my continued employment if employed by Wise County Public Schools.

The reasons for my donation of time and services to _____ School as the _____

are the following: _____

THE FOLLOWING PARAGRAPH IS TO BE COMPLETED ONLY BY WISE COUNTY SCHOOL EMPLOYEES:

I understand and agree that my volunteer participation is not being performed in the course and scope of my regular employment at _____ School, and that my participation in this activity is not in any way required by _____ School or the Wise County School Board. I acknowledge and agree that my volunteer services do not involve the same or similar type of services I perform as an employee at _____ School. I further acknowledge and agree that my volunteer services are not closely related to my duties and responsibilities as an employee.

My signature below authorizes the school division to conduct a background investigation and authorizes release of information in connection with my application. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other sources deemed appropriate in the sole discretion of the school division. I waive my right of access to any such information, and with limitation, hereby release the school division and the reference source from any liability in connection with its release or use. This release includes the sources cited above and illustrative examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Virginia or other State Department of Social Service Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I unconditionally certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I acknowledge that these questions shall be continuing in nature, and I have duty to update, change or further amplify my answers to guarantee accuracy at all times. I understand that any omission, misleading or falsely answered statement made or implied by me on this application, or any supplement to it, whether written or oral, will be sufficient grounds for my immediate discharge should I become a volunteer with the school division. In the event the School Board determines, in its sole discretion, the existence of a material adverse report or omission as to any information, I agree that my participation may be revoked immediately without further action, notice, or process. In conclusion, I acknowledge that while volunteering, I hereby agree to abide by the policies, regulations, and directives of the School Division.

The agreement will continue in force until it is terminated in writing.

_____	_____
Volunteer Signature	Date
_____	_____
Principal or Supervisor	Date

Wise County Public Schools supports and encourages the active participation of parents and members of the community in providing and extending educational opportunities for children. The involvement of parents, volunteers, and others in the community who can serve as a resource to schools is a fundamentally important component of successful school programs. The administration of each school will direct the activities of parents, volunteers and other community resources at the building level.

The School Board does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, disabling condition, or gender in its educational program or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.

****THE WISE COUNTY SCHOOL BOARD IS AN EQUAL OPPORTUNITY EMPLOYER****