

# Baltimore County Public Schools

## Application for Volunteer Services

School Year: \_\_\_\_\_

### I. Volunteer Information

Title (if applicable):  Dr.  Mr.  Ms.  Mrs. Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Other Names Previously Used (if applicable): \_\_\_\_\_

Present Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Home  Work  Mobile  
 Other: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_  Home  Work  Mobile  
 Other: \_\_\_\_\_

If you are related to a child(ren) in the school in which you wish to volunteer, please list:  
Name of child(ren): \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### II. Preferred Assignment

Elementary  Middle  High  Kindergarten  Special School

School/Area Preference: \_\_\_\_\_

Assignment Preference:  
 Assisting a teacher in the classroom  Performing clerical tasks  
 Working in the library  No preference  
 Other \_\_\_\_\_

What interests you about the position? \_\_\_\_\_

Indicate day(s) and time(s) available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

If you are volunteering for a specific occasion/event(s), please note event name/date here:  
\_\_\_\_\_

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## III. Volunteer Experience

Have you ever applied for or served as a volunteer at any school or department within the Baltimore County Public Schools?  Yes  No

If yes, which locations? \_\_\_\_\_

Why are you no longer serving in this capacity? \_\_\_\_\_

Are you requesting to volunteer in connection with another group or agency?  Yes  No

If yes, what is the organization? \_\_\_\_\_

Are you currently a BCPS employee?  Yes  No

If yes, in what capacity? \_\_\_\_\_

## IV. IN CASE OF EMERGENCY

Please List Two People to Notify In Case of Emergency

**TEENS: Please list a parent/guardian as ONE of the two people to contact in case of an emergency.**

Name: \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

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## V. Background Information

Please complete attached affidavit.

## VI. Agreements

1. I understand that Baltimore County Public Schools reserves the right to reject any volunteer applicant with or without cause.
2. I agree to observe all Baltimore County Public Schools policies, rules, and procedures.
3. I understand that volunteers will serve under the direct or limited supervision of a Baltimore County Public Schools administrator or teacher.
4. I understand that I may be required at any time to submit to additional background checks.
5. I understand that principals, or their designees, may limit my volunteer activity or may dismiss me from volunteer service without providing a reason for denial or dismissal.
6. I hereby release all of the above stated entities and their agents from any and all liability in connection with providing information, investigating or evaluating my application.
7. I have read and understood the above stated information within this release and am signing below of my own free will.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Administrative Use Only

I have reviewed this application and the attached affidavit, and I have checked and affirm that the applicant's name does not appear on the Maryland Sex Offender Registry (<http://www.dpscs.state.md.us/onlineservs/sor/>).

Name of Principal/Principal Designee: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/Principal Designee

\_\_\_\_\_  
Date

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## Affidavit of Criminal History

I understand that in order to volunteer my services to Baltimore County Public Schools, prospective volunteers must certify that they do not have a history of criminal violations, or must disclose such violations if they occurred after the employee or volunteer reached the age of eighteen (18) years old. Violations which occurred prior to the age of eighteen (18) years old must be disclosed if they are public information.

I understand that for the purposes of this affidavit, a person is deemed to be *arrested and/or convicted of committing a felony or misdemeanor* if such person has been arrested or convicted under the laws of any state, the United States, or any territory subject to the jurisdiction of the United States. In addition, I understand that *convicted* means a conviction by a jury or court and also includes the forfeiture of any bail, bond, or other security deposited to secure the appearance by a person charged with a felony or misdemeanor, the payment of a fine, a plea of nolo contendere, and the imposition of a deferred or suspended sentence by the court.

I hereby affirm the following (*initial all that apply*):

(1) That I **have not** been arrested and/or convicted of any felony or misdemeanor, other than minor traffic violations *not* involving the use of alcohol and/or drugs; **INITIAL:**

**OR:**

(2) That I **have been** arrested and/or convicted of a felony or misdemeanor, other than minor traffic violations *not* involving the use of alcohol and/or drugs. That such conviction(s) occurred **prior** to the time I reached the age of eighteen (18) years old; **INITIAL:**

Please complete the information requested below for the following convictions:

**Weapons Offense**

**Class 1,2,3, or 4 Felony**

Date of conviction: \_\_\_\_\_

Court entering judgment of conviction: \_\_\_\_\_

Nature of the offense: \_\_\_\_\_

Attach additional sheets if necessary.

**AND/OR:**

(3) That I **have been** arrested and/or convicted of a felony or misdemeanor, other than minor traffic violations *not* involving the use of alcohol and/or drugs. That such conviction(s) occurred **after** to the time I reached the age of eighteen (18) years old and are detailed below; **INITIAL:**

Date of arrest: \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Court entering judgment of conviction: \_\_\_\_\_

Nature of the offense: \_\_\_\_\_

Attach additional sheets if necessary.

### ALL APPLICANTS MUST COMPLETE:

I agree to notify Baltimore County Public Schools immediately in the event that I am arrested or convicted of any such felony or misdemeanor during my volunteer service with Baltimore County Public Schools; (*exception: youth under the age of 18 years do not need to provide supplemental information unless that information is not confidential ie: Weapons or Class 1,2,3,4 Felony*) **INITIAL:**

I understand that I am required to sign an affidavit of criminal history on a periodic basis to verify continued status.

By my signature below, I: \_\_\_\_\_ ; acknowledge that I have completed this affidavit fully and truthfully.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date