

Fauquier County Public Schools Volunteer Registration Form

School Name _____ Date _____

Name _____ Birthday (Month & Day) _____

Address _____

Telephone (H) _____ (C) _____ (W) _____

Emergency Contact Information

Name _____ Relation _____

Telephone (H) _____ (C) _____ (W) _____

Have you ever been convicted of anything other than a minor traffic violation or been given a suspended sentence in court? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of the sale or distribution of illegal drugs? Yes _____ No _____

Have you ever been the subject of a founded case of child abuse or neglect? Yes _____ No _____

Have you ever been convicted of any offense involving a child? Yes _____ No _____

Please read the following information carefully & sign below to indicate your understanding & agreement:

I certify that I have never been convicted of either: (1) a felony or any offense involving child abuse or neglect; or (2) a crime of moral turpitude.

As a volunteer, I understand that information based on contact with students, staff, or others at school is considered confidential and must not be used in conversation at school or outside school. Students and parents have the right to expect that the student's conduct, classroom performance and achievement, and other characteristics of the student will not be the subject of conversation. Respect for the confidentiality right of students and others within the school is essential.

I understand I am offering my services without compensation as a volunteer. I assume full responsibility for my own actions taken while serving as a volunteer with Fauquier County Public Schools. I agree to hold the school system harmless and indemnify the school system from any liability resulting from my actions.



Signature _____ Date _____

OFFICIAL USE ONLY

Registration _____ Code of Ethics _____ Valid Photo ID _____ SOR Clearance Date _____

Notes _____
