

Have you ever been:

Convicted of any offense involving the sexual molestation,
physical or sexual abuse or rape of a child? Yes_____No_____

Investigated by the Department of Social Services
(Child Protective Services Unit) for abuse or neglect with a
result of "founded"? Yes_____No_____

Emergency Information _____
Name Telephone

A ***VOLUNTEER*** is defined as a person who has chosen to donate his/her time and talent, without compensation, to assist with programs and activities in Henrico County public schools in an effort to enhance instruction and to promote learning opportunities.

The safety and security of the school community is a top priority of Henrico County Public Schools. For your protection and that of the students and staff, the school system conducts a check with the Virginia State Police "Registry of Sexual Offenders and Crimes Against Minors" on all school personnel and volunteers.

I acknowledge that I have received copies of the Guidelines for Volunteers, and the Code of Student Conduct and authorize Henrico County Public Schools to check my name against the registry of "Sex Offenders and Crimes Against Minors."

To the best of my knowledge, all information contained in this application is complete and accurate. I understand that Henrico County Public Schools will not be responsible for the medical coverage of any injury incurred during my volunteer service.

Signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO YOUR LOCAL SCHOOL.

The information requested on this form is CONFIDENTIAL for the use of the principal and volunteer coordinator only.

Questions regarding ***Volunteers*** should be directed to ***Dawn Hoppe***, Director of Public Relations, at (804) 652-3729.

The proponent for this form is: **DEPARTMENT OF PUBLIC RELATIONS, Telephone: 652-3729**
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