

Johnston County Schools Volunteer Application

In accordance with General Statute 115C-209.1, the School System may maintain a volunteer file on all volunteers. The records in this file are not generally open to the public but may be disclosed to: the volunteer (you), the Superintendent and other supervisory staff, members of the Board of Education or the Board Attorney, the parent of any child whom you serve, any other person who obtains a subpoena or court order.

Part I

Please print legibly.

Name _____ Date _____
Address _____ Phone _____
City _____ State _____ Zip _____
Employer _____ Phone _____

Child(ren) Names _____

Please list the school(s) where you would like to volunteer this year:

Please list any special skills, interests, or other information or comments:

Day(s) of the week available to volunteer Monday Tuesday Wednesday Thursday Friday

Time of Day (please be specific) _____

- Please check the Level 1 activities in which you would like to serve
- Clerical work Resource speaker Outdoor projects PTA fundraisers/activities
 - Athletic concessions Room parent Field day volunteer School fair Test proctor
 - Other (please specify) _____

- Please check the Level 2 activities in which you would like to serve
- Tutor/Classroom helper Field trip/dance chaperone Coach
 - Band director Mentor Club sponsor
 - Other (please specify) _____

- Please answer the following questions
- Yes No Have you ever been convicted or entered a plea of guilty or *nolo contendere* (no contest) to any charge other than a minor traffic violation?
 - Yes No Have you previously been an employee of the Johnston County Schools? If so, when and in what capacity? _____

Please list the name, position, and phone number of two persons who could provide a reference for you

Reference Name	Position	Phone Number

I understand that by signing and submitting this form to the Johnston County Schools, I am giving the Johnston County Schools permission to conduct a criminal background check on me. My signature indicates that all information provided on this form is, to the best of my knowledge, true and accurate.

Signature Date

If you are volunteering for only Level 1 activities, you may stop at this point. If you are volunteering for Level 2 activities, please continue with Part II of the application.

For School System Use Only	
This individual has been approved for Level 1 activities.	
_____ Principal Signature	_____ Date
I recommend this individual for Level 2 activities.	
_____ Principal Signature	_____ Date
This individual has been screened for Level 2 activities.	
_____ Central Office Signature	_____ Date

The Johnston County Board of Education does not discriminate on the basis of race, sex, religion, ethnic origin, or disability in the recruitment, screening, or placement of volunteers.

Part II

**CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

Please print legibly

Last Name _____ First Name _____ MI _____

Maiden or other name(s) used in any and all other records _____

**Date of Birth (MM/DD/YYYY) _____ **Gender _____

**Last 4 Digits of Social Security Number _____ **Race _____

**Driver's License State of Issue _____ **DL Number _____

****REQUIRED INFORMATION, TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

I, _____, am an applicant for employment / volunteerism with _____ and have been advised that as a part of the application process, the district conducts a criminal history background check. I do hereby consent to the district use of any information provided during the application process in performing the criminal history check. The district has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment / volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the district. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any).

1. ___ YES ___ NO Have you ever been convicted or entered a plea of guilty or *nolo contendere* (no contest) to any criminal offense other than a minor traffic violation (such as speeding).

If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____ / ____ / ____

Details of conviction:

2. ___ YES ___ NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense (other than an offense for which all records pertaining to the offense have been expunged)?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of offense:

3. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

4. YES NO As of the date of this consent form, do you have any pending criminal charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Criminal Charge _____

Details of pending charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELLING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE DISTRICT.

Signed this _____ day of _____, 20_____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____