

**St. Mary's County Public Schools
Volunteer Application**

Name:	Date of Birth
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Address:	City, State, Zip Code	Contact telephone numbers
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Social Security Number (Required for all REGISTERED VOLUNTEERS)	Emergency Contact Name	Emergency Contact Telephone
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Have you been a Maryland resident for the past seven years? (circle one) Yes or No Please list other states of residence you have had in the past seven years?	<u>Type of Volunteer</u> <input type="checkbox"/> Parent or Guardian <input type="checkbox"/> Business Community Member <input type="checkbox"/> Senior Citizen <input type="checkbox"/> College / University Student <input type="checkbox"/> School Student <input type="checkbox"/> Other (Please specify below)	<u>Volunteer Position</u> <input type="checkbox"/> Field Trip Chaperone <input type="checkbox"/> Sports Coach <input type="checkbox"/> Fine Arts Coach <input type="checkbox"/> Classroom/Library Aid <input type="checkbox"/> Office Aid <input type="checkbox"/> Mentor/Tutor <input type="checkbox"/> Other (Please specify below)
<u>Days and Hours Available:</u>		

Volunteer Application Agreement, Authorization, and Release

As a volunteer, I agree to abide by all policies and regulations as set forth by the Board of Education of St. Mary's County and St. Mary's County Public Schools. I agree that I shall make every effort to honor my commitment to work as scheduled. If I must be absent, I will notify the school in advance. I understand that the completion of a commercial criminal history background screening report is required, based on the information I have provided in this application, and in the course of consideration for approval as a **registered volunteer** for the St. Mary's County Public Schools. I hereby authorize St. Mary's County Public Schools or any agent of St. Mary's County Public Schools, to conduct this background screening process, which may include, but not be limited to, a criminal records report, sex offender registry report, and social security verification report. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my volunteer service. I understand I have the right to obtain a free copy of this report if: (1) any adverse action/decision is made based on the information in the report and (2) if the request is made in writing within 60 days of the adverse action.

I believe, to the best of my knowledge, that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release.

Volunteer Signature	Date
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Principal or Administrative Staff Signature	Date
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SCHOOL USE ONLY

<u>Type of Volunteer</u> (circle one)	<u>National Sex Offender Registry Check</u> National Screening Center: http://www.nsopr.gov/ (Required of all volunteers) Date Conducted: Applicant found in Registry: Y N By: _____ Date: _____ Print name: _____ School or Office: _____	<u>Background Screening</u> (Registered Volunteers Only) Fee Collected by: Method of Payment: Applicant approved for volunteer service: Y or N By: _____ Date: _____ Print name: _____ School or Office: _____
Registered Temporary		

Instructions for processing: National Sex Offender Registry checks to be completed by school-Forward all original Volunteer Applications to the Supervisor of Safety and Security, Division of Supporting Services.