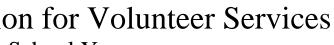


Baltimore County Public Schools Application for Volunteer Services





Sc	hool	Year	·	

I. Volunteer Information				
Title (if applicable):	s. Date of	Birth:		
First Name:	Middle	Name:		
Last Name:				
Other Names Previously Used (if applicable):				
Present Street Address:				
City: State: _		Zip C	Code:	
Primary Phone:	Home	☐ Work	☐ Cell	Other
Alternate Phone:	Home	☐ Work	Cell	Other
Email Address:				
If you are related to a child or children in the school				
Name of child or children:	Relation	nship to child	l or children:	
II. Preferred Assignment				
School Preference:				
Assignment Preference: Assisting a teacher in the classroom Working in the library Other:	forming clerical preference			

Indicate day(s) a	ma mic(s) avan	able 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:						
III.Voluntee	er Experien	ce				
Have you volunt applying to volu			at a BCPS school o	ther than the schoo	l where you are	
If yes, where?	If yes, where?					
Are you still volu	unteering at this	location? Yes	□ No			
Are you requesti	Are you requesting to volunteer in connection with another group or agency? Yes No					
If yes, what is the	e organization?					
Are you currently	y a BCPS emplo	yee? Yes N	O			
If yes, in what ca	npacity?					
IV. In Case	of Emerge	ncy				
		o notify in case of em nt/guardian as ONE	nergency. of the two emergency	contacts.		
	should list a parei		of the two emergency	contacts.		
Note: Teenagers s Name # 1:	should list a parei	nt/guardian as ONE	of the two emergency			
Note: Teenagers s Name # 1: Phone Number: ((home)	nt/guardian as ONE	of the two emergency	(cell)		
Note: Teenagers s Name # 1: Phone Number: 0 Home Address:	(home)	nt/guardian as ONE	of the two emergency (work)	(cell)		
Note: Teenagers s Name # 1: Phone Number: (Home Address: City:	(home)	nt/guardian as ONE	of the two emergency (work)	(cell)		
Note: Teenagers s Name # 1: Phone Number: (Home Address: City:	(home)	nt/guardian as ONE	of the two emergency (work)	(cell)		
Note: Teenagers s Name # 1: Phone Number: (Home Address: City: Relation to applic	(home)	nt/guardian as ONE State:	of the two emergency (work)	(cell)		
Note: Teenagers s Name # 1: Phone Number: (Home Address: City: Relation to application application application application application) Name # 2:	(home)	nt/guardian as ONE State:	of the two emergency (work)	(cell) Zip Code:		
Note: Teenagers s Name # 1: Phone Number: (Home Address: City: Relation to application applicati	(home)(home)	nt/guardian as ONE State:	(work)	(cell)		
Note: Teenagers s Name # 1: Phone Number: (Home Address: City: Relation to application Name # 2: Phone Number: (Home Address:	(home)(home)	nt/guardian as ONE State:	(work)	(cell)		

V. 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 18 years old. Violations that occurred prior to the age of 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 understand that by checking a box, placing my initials, and/or affixing my electronic signature on this affidavit, I am affirming, to the best of my knowledge and belief, that all information that I have provided is accurate, true, and correct.

(1) That I have not been arrested and/or convicted of any felony or misdemeanor, other than minor traffic violations <i>not</i> involving the use of alcohol and/or drugs. or INITIAL:
OR:
(2) That I have been arrested and/or convicted of any felony or misdemeanor, other than minor traffic violations not involving the use of alcohol and/or drugs. That such conviction(s) occurred <i>prior</i> to the time I reached the age of 18 years old. or 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 information if necessary.
AND/OR:
(3) That I have been arrested and/or convicted of a felony or misdemeanor, other than minor traffic violations <i>not</i> involving the use of alcohol and/or drugs. That such conviction(s) occurred <i>after</i> the time I reached the age of 18 years old and are detailed below. or INITIAL:
Date of arrest:
Date of conviction:
Court entering judgment of conviction:
Nature of the offense:
Attach additional information 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. (<i>Exception: Youth under the age of 18 years do not need to provide supplemental information unless that information is not confidential i.e. Weapons or Class 1, 2, 3, 4 Felony</i>). or INITIAL:
I understand that I am required to sign an affidavit of criminal history on a periodic basis to verify continued status. I acknowledge that I have completed this affidavit fully and truthfully. (or sign below)
Volunteer Signature Date

VI.	Agreements					
Dir	Directions: Check all boxes or sign and date below.					
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 investigating or evaluating my application.					
7.	I have read and understood the above stated information within this release and am agreeing of my own free will.					
	Signature Date					
I havo Sex C Name	**P Administrative Use Only The reviewed this application and I have checked and affirm that the applicant's name does not appear on the Maryland Offender Registry (http://www.socem.info/). The of Principal/Designee: The Number:					
Date:						