



Baltimore County Public Schools Application for Volunteer Services

School Year: _____

I. Volunteer Information

Title (if applicable): Dr. Mr. Ms. Mrs. Date of Birth: _____

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Other Names Previously Used (if applicable): _____

Present Street Address: _____

City: _____ State: _____ Zip 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 in which you wish to volunteer, please list below:

Name of child or children:	Relationship to child or children:
_____	_____
_____	_____
_____	_____

II. Preferred Assignment

School Preference: _____

Assignment Preference:

- | | |
|---|---|
| <input type="checkbox"/> Assisting a teacher in the classroom | <input type="checkbox"/> Performing clerical tasks |
| <input type="checkbox"/> Working in the library | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Other: _____ | Field Trip/Foreign Study Program Chaperone – If this is overnight, requirements are different |

What interests you about volunteering? _____

Indicate day(s) and time(s) available to volunteer:

Day	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

II. Volunteer Experience

Have you volunteered or do you currently volunteer at a BCPS school other than the school where you are applying to volunteer today? Yes No

If yes, where? _____

Are you requesting to volunteer in connection with another group or agency? Yes No

If yes, what is the organization? _____

Are you currently a BCPS employee? Yes No

If yes, in what capacity? _____

IV. In Case of Emergency

Directions: Please list two people to notify in case of emergency.

Note: Teenagers should list a parent/guardian as ONE of the two emergency contacts.

Name # 1: _____

Phone Number: (home) _____ (work) _____ (cell) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Relation to applicant: _____

Name # 2: _____

Phone Number: (home) _____ (work) _____ (cell) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Relation to applicant: _____

V. Affidavit of Criminal History

I understand that in order to volunteer my services to Baltimore County Public Schools, prospective volunteers must disclose any history of criminal 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.

Information that is Required to be Disclosed: If you **have pending** criminal charges **or have ever been a defendant in a criminal court case** in the State of Maryland, or any other state, that ended in a disposition of:

- Guilty (a conviction),
- Probation before Judgment (PBJ),
- A court ruling of Not Criminally Responsible (NCR) OR
- Been charged with a serious traffic violation that resulted in your arrest that ended in a disposition of Guilty (conviction)

I understand that by 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) I **have not** been convicted; received PBJ; been found NCR; or, been charged with a serious traffic violation that resulted in my arrest and conviction. **INITIAL:** _____

OR:

(2) I **have been** convicted; received PBJ; been found NCR; or, been charged with a serious traffic violation that resulted in my arrest and conviction. **INITIAL:** _____

Are you currently on supervised or unsupervised probation for an offense(s)? Yes No

Please accurately list each pending criminal charge and/or disposition/conviction.

Date charged (if pending) or of disposition: _____

Court entering judgment (list city/county, state): _____

List the charge(s) _____

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 a felony or misdemeanor during my volunteer service with Baltimore County Public Schools so the information may be reviewed to determine my eligibility to continue volunteering. (**Exception:** Youth under the age of 18 years do not need to provide supplemental information unless charged as an adult.)

I acknowledge by my signature below that I have completed this affidavit fully and truthfully.

Signature

Date

VI. Agreements

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 principals, or their designees, may limit my volunteer activity or may dismiss me from volunteer service without providing a reason for denial or dismissal.
5. 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.
6. I have read and understood the above stated information within this release and am agreeing of my own free will.

Signature

Date

For Administrative Use Only

I have reviewed this application and I have checked and affirm that the applicant's name does not appear on the Maryland Sex Offender Registry ([Link to MD Sex Offender Registry](#)).

Name of Principal/Designee: _____

Phone Number: _____

Date: _____