

**ROCKINGHAM COUNTY PUBLIC SCHOOLS
HARRISONBURG, VIRGINIA**

SCHOOL VOLUNTEER APPLICATION

PLEASE PRINT

DATE: _____

NAME:

ADDRESS:

CITY: _____ ZIP: _____

IN WHICH AREA WOULD YOU LIKE TO SERVE?

CLASSROOM ASSISTANT

DAY(S): _____

TIME: _____ A.M. _____ P.M.

TUTOR (TWICE A WEEK)

READING _____ ARITHMETIC _____

ENGLISH AS A SECOND LANGUAGE _____

DAY(S): _____

TIME: _____ A.M. _____ P.M.

ENRICHMENT AND OTHER

ARTS/CRAFTS _____

CREATIVE WRITING _____

DRAMATICS _____

FOREIGN LANGUAGE _____

LIBRARY _____

MUSIC _____

SCIENCE _____

PHYSICAL ED. _____

CLERICAL _____

OTHER _____

GRADE PREFERENCE: _____ SCHOOL: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____

PHONE: _____

PERSONAL REFERENCES:

1. Name: _____
Address: _____
Phone: _____
Email: _____

2. Name: _____
Address: _____
Phone: _____
Email: _____

3. Name: _____
Address: _____
Phone: _____
Email: _____

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY AND/OR MISDEMEANOR OTHER THAN MINOR TRAFFIC VIOLATIONS, INCLUDING ANY OFFENSE INVOLVING SEXUAL MOLESTATION, PHYSICAL OR SEXUAL ABUSE OF A CHILD? YES _____ NO _____

IF THE ANSWER TO THE ABOVE QUESTION IS "YES", PLEASE EXPLAIN:

I HEREBY AUTHORIZE ROCKINGHAM COUNTY PUBLIC SCHOOLS TO CONTACT ANY REFERENCE AND/OR OTHERWISE VERIFY ANY OTHER INFORMATION PROVIDED IN THIS APPLICATION, AND AGREE TO WAIVE ANY AND ALL RIGHTS OF ACCESS TO SAID DOCUMENTATION.

DATE

SIGNATURE

PLEASE RETURN APPLICATION TO:
ROCKINGHAM COUNTY PUBLIC SCHOOLS
OFFICE OF GENERAL SUPERVISOR
100 MOUNT CLINTON PIKE
HARRISONBURG, VA 22802