

**HALIFAX COUNTY PUBLIC SCHOOLS  
SCHOOL VOLUNTEER APPLICATION FORM**

Volunteers play a major role in supporting the total school programs for Halifax County Public Schools. We truly appreciate your willingness to work as a volunteer in our schools. We hope you understand that the information we are requesting is for the protection of our students.

Full Legal Name \_\_\_\_\_ Date \_\_\_\_\_

Birthday (Month/Day/Year) \_\_\_\_\_ Va. Driver's License \_\_\_\_\_  
(required for background check)

Home Address:  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone \_\_\_\_\_

Have you performed Volunteer work previously? Yes No

If yes, where and what type of work did you perform?

\_\_\_\_\_  
References: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Have you been convicted of a violation of law other than minor traffic violations?  
Yes No

Explain \_\_\_\_\_

Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? Yes No

Have you been the subject of a founded case of child abuse or neglect?  
Yes No

**I understand that as a volunteer, I will not be alone with a student(s) at any time.**

The information supplied by me in this application is complete and is true to the best of my knowledge and belief.

I hereby authorize the Halifax County Public Schools Volunteer Program to conduct work history, personal reference, police record inquiries including the National Sex Offenders Registry to determine my acceptability for volunteer work in the schools. Further, I hereby authorize and direct any and all federal, state or local law agencies and any other agencies or offices that may contain the aforesaid information to cooperate and assist the Halifax County Public Schools and its representatives in its investigation.

Signature \_\_\_\_\_ Date \_\_\_\_\_