

Graham County Schools APPLICATION FOR VOLUNTEER WORK

Graham County Schools
52 Moose Branch Road
Robbinsville, NC 28771
(828) 479-9820

Please Type or Print

Date _____

I. PERSONAL INFORMATION:

Name _____
Last First Middle Maiden Social Security Number

Address _____
Street City State Zip

Phone _____
Area Code Number

List all states in which you have lived. _____

II. TYPE OF VOLUNTEER WORK AND STATE PREFERRED GRADE

FIRST CHOICE _____

SECOND CHOICE _____

Have you ever been employed by Graham County Schools? Yes ___ No ___
If yes, please complete Employment Data on page 3.

REFERENCES (Do not include relatives)

PLEASE LIST AS REFERENCES THREE PEOPLE WHO HAVE KNOWLEDGE OF YOUR SKILLS
RELATIVE TO THE POSITION FOR WHICH YOU ARE APPLYING.

NAME	COMPLETE ADDRESS	TELEPHONE

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III. PERSONAL INFORMATION

Please check appropriate answer:

YES	NO	
_____	_____	Have you ever been dismissed, fired, or discharged from a position of employment?
_____	_____	Have you ever been asked to resign from a position of employment?
_____	_____	Have you ever been suspended, demoted, or subjected to any other disciplinary action?
_____	_____	Have you ever been convicted of, or pleaded nolo contendere (no contest) to a crime? (Disregard minor traffic violations.)
_____	_____	Are you presently charged as a defendant in a criminal case?

IF YOUR ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, EXPLAIN BELOW:

Driver's License Number _____ State _____ Class _____

IV. EDUCATION (Circle highest year education completed and list educational record below)

HIGH SCHOOL
9 10 11 12

COLLEGE
1 2 3 4 5 6 7

TECHNICAL
1 2 3

	NAME	LOCATION	DATES ATTENDED	DIPLOMA OR CERTIFICATE
High School				
College				
Technical				
Other				

V. EMPLOYMENT DATA

Beginning with last or present job, list all past employment:

NOTE: Indicate part-time or full-time

Employer _____ Address _____

Supervisor _____ Telephone _____

Employed from _____ to _____ Type of work _____

Reason for leaving _____

Employer _____ Address _____

Supervisor _____ Telephone _____

Employed from _____ to _____ Type of work _____

Reason for leaving _____

If presently employed, may inquiry be made of your employer regarding your record of employment?

Yes ___ No ___

VI. VOLUNTEER EXPERIENCE

Business/Organization/Address Immediate Supervisor/Phone No. Dates of Service

MUST BE SIGNED AND DATED

1. I understand I must receive discrimination and harassment training before working with students and parents/guardians.
2. I will hold in confidence any information revealed to me pertaining to any student.
3. I will report any home or school concerns about a child to the principal or the child's teacher before I leave for the day.
4. I understand that I have a legal obligation to report any suspected abuse or neglect that is revealed to me by a child to the principal or designated person.
5. I will not contact a child off campus or remove him/her from the school at any time.
6. I will not accompany any child into the restroom.
7. I will call the school office as soon as I know when I have to be absent.
8. I have read the school handbook and will abide by the professional dress code.
9. I understand that a criminal record check and drug screen will be conducted before I am allowed to volunteer.

I have not been convicted of a felony, and I have not been charged or convicted of any offense involving drugs, alcohol, child abuse, sexual deviation, or moral turpitude.

Print Name

Signature

Date

APPLICANT’S WAIVER/RELEASE AND AFFIRMATION

I hereby expressly authorize the Graham County Board of Education, its agents and employees to make any investigation of my personal or employment history, expressly including, but not limited to federal and/or state criminal, law enforcements or traffic records. I further authorize my former employer, person, firm, corporation, credit agency, administrative body, or governmental agency to give to the Board of Education, its agents or employees, any information they may have regarding me. In consideration of the review of my volunteer application by the Graham County Board of Education, its agents or employees, I hereby release the Board of Education and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information.

This release includes the sources cited above and specific examples as follows: Local Law Enforcement Agencies, Departments of Motor Vehicles, information from the North Carolina Criminal Information Center and the Division of Criminal Information of either data on all criminal convictions or certification that no data or criminal convictions are maintained from the Department of Social Services Child Protective Services Unit pertaining to any findings of child abuse or neglect involving me.

I understand the Graham County Board of Education complies with the Americans with Disabilities Act and, if I am unable to complete this application because of any disability, I may contact the Personnel Office for assistance.

I understand assignments are made in accordance with the needs of the school system and are subject to change.

SIGNATURE _____

DATE _____

*Graham County Schools complies with the Drug-Free Workplace Act of 1988.
Applications become the property of the Graham County Schools and none will be returned.
Graham County Schools is an equal opportunity employer and is committed to a policy of non-discrimination against any employee or applicant for employment because of race, color, religion, sex, national origin, age, or handicap.*

Volunteer Policy

The Graham County Board of Education believes that volunteers are an integral part of the School District. Volunteers help students and staff to be successful in the various endeavors which require an extra hand. Volunteers are needed at each grade level for the multitude of extracurricular events and sports programs.

The Volunteer Program includes a screening process and approval by the Board of Education. No one will be allowed to volunteer until they have completed this process. The screening process includes:

- Completed Volunteer Application submitted to Personnel Department.
- Letter of Support from a Principal of one of the Graham County Schools.
- Approval by the Graham County School Board of Education at a monthly meeting.
- Successful completion of a random Drug Screening & Criminal Background Check.
- Completion of Critical Incidence and Blood Borne Pathogens/ Diabetes Training.

**AUTHORIZATION FOR RELEASE OF INFORMATION
FOR CRIMINAL BACKGROUND INVESTIGATION**

I authorize the Graham County School System through The Background Investigation Bureau and/or the Human Resource Director for Graham County Schools, through the State Bureau of Investigation, Division of Criminal Information to perform a Criminal History Records Information Check in connection with my application for employment or my employment with Graham County Schools pursuant to N.C.G.S. 114-19.2.

LAST NAME FIRST MIDDLE MAIDEN NICKNAME

(Print or type)

SOCIAL SECURITY NO. DRIVERS LIC. NO. DOB SEX RACE

I understand that the Background Investigation Bureau and/or Human Resource Director for Graham County Schools, through the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named School, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the School cannot release the results of this criminal history record check to me.

Applicant's/ Employee's Signature

Date

Current Address:

States (including counties) in which I have lived:

**PRE-EMPLOYMENT DRUG TESTING
CONSENT FORM**

My signature authorizes the release of the test results to those school officials who have a need to know the results. Also, my signature acknowledges that I have received a copy of the Graham County Schools' Alcohol/Drug Free Workplace Policies (LBP-7140/7240).

I understand that I may be provided with the results of the pre-employment drug test if a request is made within sixty (60) calendar days of the employment decision.

Signature

Date

List of current or recent use of prescription or over-the-counter medication(s):
