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(Please use additional sheet if necessary)

If you answered "Yes" to any of the above questions, LCPS may need to contact Child Protective Services (CPS) before making a decision about your application. Do you grant LCPS the right to check with CPS and/or police regarding any of the above investigations and/or convictions? **Yes No**

A VOLUNTEER is defined as a person who has chosen to donate his/her time and talent, without compensation, to assist with programs and activities in Loudoun County Public Schools in an effort to enhance instruction and to promote learning opportunities.

The safety and security of the school community is a top priority of Loudoun County Public Schools. For your protection and that of the students and staff, the school system conducts a check with the Virginia State Police "Registry of Sexual Offenders and Crimes against Minors" on all school personnel and volunteers.

Anyone convicted of a misdemeanor within the last (10) years or felony offense, especially an offense against a minor, may be disqualified from volunteering depending upon the nature of the offense and/or volunteer activity.

I acknowledge that Loudoun County Public Schools will check my name against the Virginia State Police Sex Offender Public Website.

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with Loudoun County Public Schools.

I fully understand that if my services are no longer needed or my performance is not acceptable, Loudoun County Public Schools has the right to terminate my services as required and without notice.

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

If volunteer applicant is under 18 years of age, a parent/guardian must sign below

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_ Telephone \_\_\_\_\_

**FOR OFFICE USE ONLY**

Name of Person Verifying Application \_\_\_\_\_

Date of Verification \_\_\_\_\_

National Sex Offender Public Registry Checked    Yes    No    Follow-up Necessary    Yes    No



## Volunteer Verification Check Form

DATE: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

I hereby certify that all volunteers at our school:

- ✓ have completed an application for volunteer service and a copy is on file at our school
- ✓ have been screened against the Virginia State Police Sex Offenders Public website (Virginia.Gov).

\_\_\_\_\_  
Principal

As of \_\_\_\_\_, our total # of volunteers is \_\_\_\_\_.

**Report all volunteer hours to the Outreach Office, ex. 1460 Wendall T. Fisher, Outreach Supervisor.**

updated 7/17/2015