**File: IJOC-E**



**VOLUNTEER APPLICATION**

Level 1 Volunteer

Level 2 Volunteer

**Contact information**

|  |  |
| --- | --- |
| **Today’s date** |  |
| **Volunteer’s full name** |  |
| **Other names used (maiden or other)** |  |
| **Date of birth** |  |
| **Gender** | **Male Female** |
| **Mailing address** |  |
| **City, State, Zip Code** |  |
| **Email address** |  |
| **Phone number** |  |
| **School(s)** |  |
| **Student’s name (if applicable)** |  |

**Procedures**

As part of the process to become a volunteer, I understand that Chesterfield County School District will need a criminal history background check. Each background check is good for a period of two (2) years.

If you have had a SLED background check or a concealed weapons carry permit within the previous 12 months, the district will be able to accept a copy of either as clearance. Please attach a copy to this form.

By my signature below, I hereby consent to the administration conducting and using the information gained through the criminal history background check to determine my eligibility to become a volunteer in the district.

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

**Please note: *PROCESSING CAN TAKE UP TO FOUR WEEKS*. Please submit this form to ONLY ONE SCHOOL. Applicants should contact that school to find out if his/her name has been placed on the approved volunteer list.**