

**PERSONAL DATA:**

FIRST NAME	LAST NAME	HOME PHONE	CELL PHONE
E-MAIL		SCHOOL NAME WHERE YOU WILL BE VOLUNTEERING	

VOLUNTEER ACTIVITIES IN WHICH YOU ARE INTERESED IN:


**EDUCATION:**

	Name and Location of Institution	Area of Study	Degree Received	Date Received	Dates Attended [TO → FROM]
High School					
College					

**EMPLOYMENT:**

Name of last Employer	Job Description/Title	Dates of Employment [TO → FROM]

Have you ever been employed by Buncombe County Schools?  NO  YES, Location:

**REFERENCES** [Must list at least 2 references]

Name and Address	Relationship	Phone Number

COMPLETE REVERSE SIDE OF APPLICATION



**NOTE:** PLEASE ENTER LEGAL NAME AS SEEN ON YOUR SOCIAL SECURITY CARD--

FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME	<u>ALL</u> MARRIED NAMES

CURRENT ADDRESS

CITY	STATE	ZIP	DRIVER'S LIC # / STATE

SCHOOL NAME WHERE YOU WILL BE VOLUNTEERING

PLEASE LIST ALL STATES OF RESIDENCE, FOLLOWED BY COUNTY (AGE 16 AND UP):


IF YOU HAVE EVER BEEN CHARGED OR CONVICTED OF A CRIME, PLEASE NOTE HERE:


**DEMOGRAPHICS--**

[REQUIRED FOR BACKGROUND CHECK PURPOSES]

DATE OF BIRTH:

HISPANIC/LATINO?:

YES NO

RACE: [CHECK ALL THAT APPLY]

- Black
- Pacific Islander
- Asian
- American Indian
- White

GENDER:

F M

## Confidentiality Statement and Release to Conduct Background Check

Confidentiality is essential. As a school volunteer sensitive information may be shared with you, either by a student or by other professionals at the school. It is very important that the sensitive information not be shared with others, unless it is information that should be shared with the administration at the school. For example, it will not be viewed as a breach of confidentiality to discuss life threatening or health situations involving your student with the administration at the school. In fact, the information must be reported, and this procedure is consistent with North Carolina General Statutes.

As a volunteer, I promise not to share any confidential information about students, or about his/her family, with other individuals outside of the administration at the school.

I certify that all the foregoing information in my application is complete, accurate and true and agree to notify the district of any change in the foregoing information. Further, I certify that I have fully disclosed above all criminal behavior of which I been convicted.

**By typing my initials/typed name below, I am authorizing this to be considered to be my electronic signature.**

INITIAL

TYPED NAME or SIGNATURE

SOCIAL SECURITY #

DATE

PLEASE RETURN THIS APPLICATION TO THE SCHOOL

