



Albemarle County Public Schools Volunteer Registration Form

School Name _____ Date _____

Name _____ Birthday (Month & Day) _____

Address _____

Telephone (H) _____ (C) _____ (W) _____

Emergency Contact Information

Name _____ Relation _____

Telephone (H) _____ (C) _____ (W) _____

Have you ever been convicted of any crime of violence against a person, including sexual assault, rape, malicious wounding, etc.? Yes ____ No ____

Have you ever been convicted of the sale or distribution of illegal drugs? Yes ____ No ____

Have you ever had a founded case of child abuse and neglect against you? Yes ____ No ____

Please read the following information carefully and sign below to indicate your understanding and agreement:

I certify that I have never been convicted of either: (1) a felony or any offense involving the sexual molestation, physical or sexual abuse or rape of a child; or (2) a crime of moral turpitude.

I understand I am offering my services without compensation as a volunteer. I assume full and complete responsibility for my own actions taken while serving as a volunteer with Albemarle County Public Schools. I agree to hold the school system harmless from any liability resulting from my actions.



Signature _____ Date _____

OFFICIAL USE ONLY

Registration _____ Code of Ethics _____ Valid Photo ID _____ SOR Clearance date _____

Notes _____
