

Volunteer/Mentor Application

Maggie L. Walker Governor's School (MLWGS)



School Year: _____

Note: This form is not applicable to any compensated positions with MLWGS.

Full Name: Mr. Mrs. Ms. _____ **Date of Birth:** _____
(First, Middle, Last)

Current Address: _____

Home Phone: _____ **Cell Phone:** _____ **Email Address:** _____

Are you related to a current MLWGS employee or someone who has worked for MLWGS in the past? Yes No

If "Yes," Name of current or past employee: _____

If "Yes," in what capacity was he/she employed and during what years? _____

Your current occupation/employer: _____ Do you have a valid driver's license? Yes No

State: _____ License Number: _____ Expiration Date: _____ CDL Certified? Yes No

Names of Children Attending MLWGS (past or present, mark none if none)	Current Grade Level or Alumni Status

Specific area of volunteer service in which you are interested (chaperone, tutor, office assistance, etc.):

Volunteer Experience

Agency	Title	Duties	Length of Service

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Other: _____

Have you been convicted of any offense involving the sexual molestation, sexual battery, physical abuse, sexual abuse, or rape of a child? Yes No

Have you been investigated by the Department of Social Services (Child Protective Services Unit) for abuse or neglect with a result of "founded?" Yes No

Have you been convicted of a felony and/or a misdemeanor? Yes No

If "Yes," please explain and give dates of the conviction, type of conviction, and jurisdiction where convicted.

If you answered "Yes," to any of the three questions on the bottom of the reverse side, MLWGS may need to contact Child Protective Services (CPS) before making a decision about your application. Do you grant MLWGS 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 at MLWGS in an effort to enhance instruction and to promote learning opportunities.

The safety and security of the school community is a top priority of MLWGS. For your protection and that of the students and staff, the school system conducts a check with the National Sex Offender Public Website which includes the Virginia State Police "Sex Offender Registry" on all school personnel and volunteers.

Anyone convicted of a misdemeanor 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 I have read and reviewed:

- The MLWGS Code of Student Conduct:
 - Available at <http://mlwgs.com/wp-content/uploads/2013/11/Student-Handbook-2017-2018.pdf>
- The MLWGS policies pertaining to volunteers and public conduct on campus (Policy 6001 and Policy 6015)
 - Available at <http://mlwgs.com/wp-content/uploads/2013/12/Policy-No.-6001.pdf>
 - Available at <http://mlwgs.com/wp-content/uploads/2013/12/Pol-6015-Public-Conduct-on-School-Property1.pdf>

and that MLWGS will check my name against the National 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 MLWGS.

During such times as I am a participant in the MLWGS volunteer program, I agree to assume full responsibility for such participation and release MLWGS from any damages which I may sustain thereby. I fully understand that if my services are no longer needed, or my performance is not acceptable, MLWGS has the right to terminate my services as required and without notice.

Signature: _____ Date: _____

In case of emergency, please contact _____ Phone: _____

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

Parent/Guardian Signature: _____ Date: _____

All applications must be filled out completely, or they will not be processed. **Please return this completed form to the office of the Assistant Director of Operations at MLWGS (Office 100).** Questions regarding the volunteer policies can be directed to same office at (804) 354-6800 x1001. Please allow three school days for processing.

FOR OFFICE USE ONLY

Name of Person Screening Application: _____ Date Screened: _____

National Sex Offender Public Website Checked: Yes No Follow-up Necessary: Yes No

Assistant Director Signature: _____ Date: _____