

# Volunteer Application

School Year \_\_\_\_\_



**Volunteers Impact Education:** Thank you for your interest in becoming a volunteer for Williamsburg-James City County Public Schools. Please complete this form and return it to the school or the Office of Communications and Engagement for placement.

<b>Volunteers Impact Education:</b> Thank you for your interest in becoming a volunteer for Williamsburg-James City County Public Schools. Please complete this form and return it to the school or the Office of Communications and Engagement for placement.					
<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	
<b>Address</b>	<b>Street:</b>				
	<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>
<b>Telephone Numbers</b>	<b>Home:</b>		<b>Cell:</b>		<b>Office:</b>
	<b>Email Address:</b>				
<b>Employer/Occupation:</b>			<b>Job Title:</b>		
<b>Location Preference:</b>					
<b>Days of the Week Available:</b>			<b>Hours Available:</b>		
<b>Describe any training, skills or interests that will be useful in your role as a volunteer:</b>					
<b>Have you been convicted of any offense involving the sexual molestation, sexual battery, physical abuse, sexual abuse or rape of a child? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>					
<b>Have you been investigated by Child Protective Services for abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>					
<b>Have you been convicted of a felony and/or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>					
<b>By signing below, I certify that the above information is true and correct.</b>					
_____			_____		
<b>Signature</b>			<b>Date</b>		