

## LYNCHBURG CITY SCHOOLS SCHOOL VOLUNTEER APPLICATION FORM

Volunteers play a major role in supporting the total school programs for Lynchburg City Schools. We truly appreciate your willingness to work as a volunteer in our schools. We hope you understand that the information we are requesting is for the protection of our students and your safety. Lynchburg City Schools will conduct semiannual background checks through the Raptor Visitor Management system on all volunteers per the requirements listed in the Code of Virginia.

School/location: \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Date \_\_\_\_\_

Birthday (Month/Day/Year) \_\_\_\_\_ Va. Driver's License \_\_\_\_\_  
(required for background check)

Permanent Address:

Street \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

In case of Emergency, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**I understand that as a volunteer, I will not be alone with a student(s) at any time.**

The information supplied by me in this application is complete and is true to the best of my knowledge and belief.

I hereby authorize the Lynchburg City Schools Volunteer Program to conduct inquiries, including the National Sex Offenders Registry, to determine my acceptability for volunteer work in the schools. I understand that the Code of Virginia requires Lynchburg City Schools to conduct a search of the State Sex Offender Registry. Further, I hereby authorize and direct any and all federal, state or local law agencies and any other agencies or offices that may contain the aforesaid information to cooperate and assist the Lynchburg City Schools and its representatives in its investigation.

This information may also be used by the school to contact you about volunteer opportunities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return a completed copy to each school in which you will volunteer.