VOLUNTEER FORM

AUTHORIZATION FOR BACKGROUND INVESTIGATION

***** THIS IS A RELEASE OF INFORMATION *****
***** PLEASE READ CAREFULLY *****

I understand that it is the policy of Charlotte Public Schools to secure criminal/civil conviction history and/or conduct a thorough background check as part of its volunteer screening process.

I hereby willingly consent to the completion of a background investigation, and authorize the Charlotte Public Schools and/or their agents, to request from any person or former employer any records or information which pertains to me. I release any person and his or her employer from any claim of liability for disclosure of information concerning me to Charlotte Public Schools. I further authorize Charlotte Public Schools and/or its agents to conduct a conviction only criminal history file search. I also understand that it may be necessary to provide additional information such as a drivers' license and/or social security number if the district is unable to complete the criminal conviction history with the information provided.

It is my understanding that any information obtained in the course of the background investigation will be held strictly confidential. Information gathered will only be used in connection with the volunteer screening process.

The following information is required for this process: ***Please <u>Print</u> Legibly***

Full <u>Legal</u> Name: _____
Last First Middle

Names previously used (Maiden): 1. _____
Last First

2. _____
Last First

3. _____
Last First

Date of Birth _____/_____/_____ **Sex**: ☐ Female ☐ Male

Race: ☐ White ☐ Asian/Pacific Islander Other/Unknown _____
☐ Black ☐ American Indian/Alaskan Native

_____ _____
Printed Name of Volunteer Date Printed Name of Witness Date
Witness must be Charlotte Public Schools Employee

_____ _____
Signature of Volunteer Date Signature of Witness Date

I understand that the criminal conviction history file search will be completed on or after July 1, 2026, and the history information of that search, as well as this authorization, will be kept on file for the <u>2026-2027</u> school year.

_____
Volunteer Please Initial

School Use: _____

_____
School Employee Initial

(Please complete reverse side)

ADDITIONAL VOLUNTEER INFORMATION

Address: _____
Street

_____
City State Zip

Phone: (___) _____ (___) _____
Home Work/Cell

Email: _____

Desired Volunteering Activities:

- ☐ Classroom Volunteer
- ☐ PTO Events (ie – Fundraiser Delivery, Book Fair, Holiday Gift Shop, Staff Appreciation Events)
- ☐ Field Trips
- ☐ Classroom Celebrations
- ☐ School Pride
- ☐ School Volunteer
- ☐ Field Day
- ☐ Mentoring _____
- ☐ Other _____

Desired Volunteering Locations:
(Please fill out one form only – you do not need one for each location)

- ☐ Charlotte High School
- ☐ Charlotte Middle School
- ☐ Charlotte Upper Elementary
- ☐ Parkview Elementary
- ☐ Washington Elementary
- ☐ Galewood Early Elementary
- ☐ Weymouth Child Development Center
- ☐ Charlotte Performing Arts Center (CPAC)
- ☐ Other ***(Please complete reverse side)***

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