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Super Reader Tutor Profile Information

NAME: _____

COMPANY: _____

TITLE: _____

Preferred Method of Contact:

EMAIL ADDRESS: _____

PHONE NUMBER: _____

Address for shipping WCPS Education Foundation Lanyard & Volunteer Badge:

Please wear the lanyard & volunteer badge during volunteer sessions.

Street number & name City State Zip

FOR WCPS EDUCATION FOUNDATION USE ONLY

___ Volunteer Documents

___ WCPS Form Received _____ (Date)

___ KROLL Form Received _____ (Date)

___ KROLL Form Cleared _____ (Date)

___ ID Received _____ (Date)

___ Email ___ Copy Mailed ___ In Person

___ WCPS School Approval _____ (Pangborn Date) _____ (Paramount Date)

___ Complete & Approved – Sign Up Genius Emailed _____ (Date)

___ Documents Submitted to WCPS Schools _____ (Date)

**VOLUNTEER APPLICATION AND INFORMATION FORM – Part I
WASHINGTON COUNTY PUBLIC SCHOOLS**

SCHOOL/LOCATION: _____

<p>Information Required For Verification of Clearance</p> <p><u>Please print</u> this Information legibly so it can be read.</p>	<p>NAME: _____ (Last) (First) (MI)</p> <p>ALIAS/MAIDEN NAME: _____ (Please list all last names used)</p> <p>DATE OF BIRTH: _____ SEX: _____ RACE: _____</p> <p>DRIVER'S LIC # / STATE: _____</p>
<p align="center">Volunteer Emergency Information and contacts</p>	<p>SPOUSE: _____ WORK #: _____</p> <p>ALTERNATIVE CONTACT: _____</p> <p>HOME #: _____ WORK #: _____</p> <p>DOCTOR'S NAME: _____ PHONE #: _____</p> <p>PREFERRED HOSPITAL: _____</p> <p>MEDICAL INSURANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO INSURANCE COMPANY: _____</p> <p>LIST ANY KNOWN HEALTH PROBLEMS: _____</p> <p>_____</p>
<p align="center">Volunteer Personal Information for the school</p>	<p>ADDRESS: _____ (Street) (City) (State)</p> <p>HOME PHONE #: _____ WORK PHONE #: _____</p> <p>VOLUNTEER JOB: _____</p> <p>ROOM/TEACHER: _____ CHILD'S NAME: _____</p>

I understand that my volunteer work may be contingent upon successful completion of a background check with the Maryland State Police. I hereby certify that the information that I have given is true and accurate.

Signature of Volunteer: _____ Date: _____

Driver's license verified by: _____ to check for correct birth date and spelling of name.
Date: _____

Principal Approval _____ Date _____

- Volunteer will be working alone with students and needs criminal background check. Send application form to Human Resource Department for processing, OR;
- Volunteer will NOT be working alone with students. Place application form in school volunteer file. Do not forward to Human Resources Department.

FOR HUMAN RESOURCES USE ONLY

This is to verify that the volunteer shown above has cleared the Maryland State Police background check.
Cleared: _____ Expires: _____ Verified by: _____

(Continued on reverse side)

**WASHINGTON COUNTY PUBLIC SCHOOLS – Part II
VOLUNTEER DISCLOSURE STATEMENT**

Please answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date of the conviction or finding, the court(s) involved, and the penalty imposed. I understand that the Washington County Public School System may inquire of State and Federal law enforcement or other agencies and examine court of agency records regarding my criminal history and civil adjudications.

1. Have you **ever** been convicted of any crime? Yes No

The term ‘**convicted**’ means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere, an Alford plea, stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.

IF YES, PLEASE EXPLAIN BELOW.

2. Have you **ever** had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or vulnerable adult in any civil adjudicative proceeding? Yes No

A civil adjudicative proceeding includes a judicial or administrative proceeding as well as findings by the Department of Social and Health Services or the Department of Health that you have not administratively challenged or appealed.

IF YES, PLEASE EXPLAIN BELOW.

Any misrepresentations or omission of facts shall be grounds for denial of volunteer opportunities.

Affidavit

Pursuant to Maryland Annotated Code, Criminal Law Article §9-101, I certify under penalty of perjury under the laws of the State of Maryland, that the foregoing is true and correct.

Print Name _____
Signature _____
Date _____
Place _____

NOTE: Please submit completed application form to Human Resources Department when criminal background check is needed due to volunteer working with students. If criminal background check is not needed, please file application form at the school-site where the volunteer will be working. Applications submitted to Human Resources will be returned to the school site for filing upon successful completion of the background check.

KROLL

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize **KROLL BACKGROUND AMERICA, INC.** ("KROLL") to procure a consumer report and/or investigative consumer report on me for employment purposes. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with WCPS for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **KROLL**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared by **KROLL** of which I am the subject upon my written request to **KROLL**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment may be terminated based on any false, omitted, altered or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Printed Name: _____

First Middle Last

Other Names Used (alias, maiden, nickname) _____ Years Used _____

Current Address: _____

Street / P. O. Box City State Zip Code County Dates

Former Address: _____

Street / P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

Driver's License Number: _____ State of Issuance: _____ *Date of Birth: _____ *Gender _____

* Providing DOB and gender information is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of our background search.

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POSITION: _____

PLACE OF BIRTH _____