

VISITOR/VOLUNTEER APPLICATION AND INFORMATION FORM
WASHINGTON COUNTY PUBLIC SCHOOLS

Please allow several business days for processing. Applicants may NOT volunteer until approved.

Check off as many as you like: VOLUNTEER IS SUPERVISED w/student	<input type="checkbox"/> Classroom support/parties	<input type="checkbox"/> PTA Functions	<input type="checkbox"/> Office/Library help	VOLUNTEER IS UNSUPERVISED w/student KROLL NEEDED	<input type="checkbox"/> Working with students (unsupervised)	<input type="checkbox"/> Chaperone (not overnight)	<input type="checkbox"/> Chaperone (overnight) Requires fingerprinting
	<input type="checkbox"/> Field Day	<input type="checkbox"/> Working with students (supervised)	<input type="checkbox"/> Other:		<input type="checkbox"/> Band	<input type="checkbox"/> Other:	

NAME: _____
(Last) (First) (MI)

ALIAS/MAIDEN NAME: _____
(Please list all last names used)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ HOME/CELL # _____ EMAIL: _____

DRIVER'S LICENSE NUMBER/STATE ID: _____ EXP. DATE: _____

ARE YOU A CURRENT EMPLOYEE OF WCPS: YES NO IF YES, ENTER WCPS ID# _____

EMERGENCY CONTACT: _____ PHONE: _____

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, and Alford plea, stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution.

IF YES, PLEASE EXPLAIN BELOW.

2. Have you received a final finding of "indicated" in any child abuse, child sexual abuse, or child neglect investigation? "Final" means that all appeal rights have been exhausted. Yes No

IF YES, PLEASE EXPLAIN BELOW.

3. Have you ever had findings made against you for domestic violence, abuse, 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.

Affidavit

• I understand that my visitor/volunteer work may be contingent upon successful completion of a background check. I hereby certify that the information that I have given is true and accurate. Any misrepresentations or omission of facts shall be grounds for denial or ending of volunteer status.

• I understand that the work I do is of great benefit and service to the staff and students at Washington County Public Schools (WCPS). As part of my volunteerism, I may see, hear, or be in the vicinity of confidential information regarding students and staff. I agree to preserve confidentiality of all information I see or hear during my volunteer hours and to immediately notify the building principal of any concerns I have. I agree to comply with all applicable laws and the policies and regulations of the Board of Education.

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 _____

FOR SCHOOL USE ONLY

Visitor/volunteer will NOT be working with student (s) unsupervised. Place application form in school volunteer file. Do not forward to Human Resources Department.

Visitor/volunteer WILL BE WORKING with student (s) unsupervised and needs criminal background check. Send Application and KROLL form to Human Resources Department for processing.

Driver's license/State Id verified by: _____ DATE: _____
(to verify correct spelling and date of birth)

Principal Approval: _____ DATE: _____

NOTE: Please submit volunteer 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.

Updated 1.15.19, 09.2019, 06.2021

FOR HUMAN RESOURCES USE ONLY

This is to verify that the visitor/volunteer shown above has cleared the background check.

Cleared: _____ Expires: _____ Verified by: _____

Notes: _____

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: _____

Other Names Used (alias, maiden, nickname) _____
First Middle Last 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.

POSITION: _____

PLACE OF BIRTH _____