

**WYTHE COUNTY PUBLIC SCHOOLS  
SCHOOL EMPLOYEE VOLUNTEER REQUEST**

As a volunteer, I agree to perform the school related activity described below, that offer my services freely and without coercion, and that I will not accept any compensation or gift to perform this school-related activity for the Wythe County Public Schools.

Please describe below the school-related activity in which you desire to volunteer and the nature of the duties that you intend to perform:

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Please provide below inclusive dates of this school related activity:

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Are you a parent or legal guardian of a student involved in this school related activity?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Initial**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Street Address, PO Box**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Volunteer's Printed Name**

\_\_\_\_\_  
**Principal's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal's Printed Name**

Principal's Comment: \_\_\_\_\_

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\_\_\_\_\_  
**Director of Human Resources**

\_\_\_\_\_  
**Date**

Completed form must be received by Director of Human Resources at least 2 weeks prior to any participation of the volunteer.

**STATEMENT OF CONFIDENTIALITY  
FOR  
SCHOOL VOLUNTEERS**

I understand in the course of association with the Wythe County Public Schools, I share the responsibility of maintaining the confidentiality rights of all employees, volunteers, and students. I understand it is my responsibility to assure the confidentiality of written, verbal, or electronic information I may obtain in the course of my volunteer work for the Wythe County Public Schools.

I understand I am not to discuss academic, social/behavioral, or personnel related information regarding students, employees, or volunteers with anyone, unless otherwise directed by the administration. Any breach of confidentiality will be carefully reviewed, and if substantiated, could result in termination of volunteer involvement with Wythe County Public School, and may result in legal action.

Have you ever been convicted of a felony, a crime, moral turpitude, or any offense involving the sexual molestation, physical or sexual abuse, or rape of a child?

**YES**   **NO**

\_\_\_\_\_   \_\_\_\_\_      Have you ever entered a plea of guilty of nolo contendere to the charge of a felony, a misdemeanor involving moral turpitude, the physical, or sexual abuse (or neglect of a child), sexual assault, use of possession of drugs, or obscenity?

\_\_\_\_\_   \_\_\_\_\_      Has a Social Services Department, Child Protective Service Unit, or any other government agency ever had “probably founded”, “reason to suspect” or similar findings?

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS,  
ATTACH A STATEMENT OF EXPLANATION.**

I agree to abide by the policies of the Wythe County Public Schools.

I acknowledge that I have read and that I understand this statement of confidentiality.

I acknowledge that Wythe County Public Schools will complete a criminal background and a Virginia Sex Offender Registry Check.

\_\_\_\_\_  
**Volunteer’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Volunteer’s Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Administrator’s Witness**

\_\_\_\_\_  
**Date**