



Volunteer Application Form

Name: _____ Date: _____

Address: _____
City _____ Zip _____

Home Phone: _____ Preferred Email: _____

Date of Birth: _____ Place of Birth: _____ Male Female

Employer: _____ Job Title: _____

Work Address: _____ Work Phone: _____

Description of job duties: _____

Volunteer areas of interest: Elementary Middle High School

Specific school(s) and/or program(s) interest: _____

Are you a member of an organization or group of volunteers? Yes No

If yes, please specify the name of the organization/or group: _____.

Describe your experience working with young people: _____

_____.

References:

1. _____
Name _____ Address _____ Phone _____ Relation to volunteer _____
2. _____
Name _____ Address _____ Phone _____ Relation to volunteer _____
3. _____
Name _____ Address _____ Phone _____ Relation to volunteer _____

In connection with your application to serve as a volunteer with Jackson Public Schools, please answer the following questions:

Mississippi House Bill 1340 requires any person who has been convicted of a sex offense who volunteers, or seeks to volunteer, for an organization in which volunteers have direct, private and unsupervised contact with minors to provide the organization with written notification of the conviction.

- Have you ever pled guilty to an offense other than a minor traffic violation? Yes No
- Have you ever pled "no contest" to an offense other than a minor traffic violation? Yes No
- Have you ever been convicted of an offense other than a minor traffic violation? Yes No
- Do you have any pending charges, other than a minor traffic violation? Yes No

If you answered "Yes" to any of the above questions, please list the particular circumstances.

Date	Location	Charge	Court	Disposition of Case

I understand that the Jackson Public School District reserves the right to verify all information in this application and that any false statements or any failure to disclose information may be sufficient grounds to deny the request to volunteer.

✓

Volunteer

Date

Confidentiality Statement:

The relationship between child and volunteer demands a high level of confidentiality. Volunteers may become aware of the problems and confidences of students, their parents and the school staff. These should never be discussed with anyone who does not have a professional right or need to know. If a volunteer suspects neglect, abuse, unlawful acts, or believe a student's well-being is threatened, it becomes the duty of the volunteer to report the matter. It will not be considered a breach of confidentiality to discuss such incidents with the classroom teacher, school counselor, assistant principal or principal.

I have read the above statement and will respect the confidentiality of the students and staff with which I will be working: _____

Volunteer

Date

I have received the application for this volunteer. Pending a favorable disposition of the JPS background check, this applicant may begin volunteering at _____ (School or Department) in the role(s) of _____.

Principal/Department Head

Date

The aforementioned applicant has successfully completed their background check with the JPS Office of Campus Enforcement, and **may now proceed to serve as a volunteer** with Jackson Public Schools.

Signature

Date

The aforementioned applicant has completed their background check with the JPS Office of Campus Enforcement, **and is not approved to serve as a volunteer** with Jackson Public Schools.
