



**JACKSON  
PUBLIC SCHOOLS**

Transforming lives through  
excellent education

## 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: \_\_\_\_\_

**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.**

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

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 contained 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**

### References:

1. \_\_\_\_\_

Name Home Address (including city, zip code)

\_\_\_\_\_

Phone E-mail address Relationship to volunteer

2. \_\_\_\_\_

Name Home Address (including city, zip code)

\_\_\_\_\_

Phone E-mail address Relationship to volunteer

3. \_\_\_\_\_

Name Home Address (including city, zip code)

\_\_\_\_\_

Phone E-mail address Relationship to volunteer

### 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