



## GASTON COUNTY SCHOOLS Level 1 Volunteer Application

**Note: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from consideration. Truthful statements to any item requested will not necessarily exclude you from consideration.**

Today's Date \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name: (if applicable) \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_

\*Social Security Number \_\_\_\_\_ Male Female Race: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Employment:

Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\* Social Security Number is used to make a positive identification of applicant for purpose of required background check. Failure to provide this information may result in a delay in the processing of application materials.

**Title of the Volunteer Position you wish to serve as** (ex. Mentor, tutor, financial club officer) \_\_\_\_\_

Have you previously served as a Mentor in Gaston County Schools Mentor Program?

If so, where? \_\_\_\_\_ Year(s): \_\_\_\_\_

**Previous Addresses:**

List addresses for past 10 years, starting with present addresses at top:

FROM		TO:		ADDRESS OF RESIDENCE	CITY & STATE	LANDLORD (If applicable)
MO.	YR.	MO.	YR.			

**References:**

Give the names of two responsible persons, other than relatives, who can provide information about your character, ability, experience, personality and other qualifications.

Name	Address	Telephone
1.		
2.		

**Criminal Offense Record: (If Applicable)**

Have you ever been convicted or pleaded nolo contendere (no contest) to any violation of the law other than minor traffic tickets? \_\_\_No If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any criminal charges or procedures pending? \_\_\_No If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continue to next page

*I hereby certify that each and every statement made on this form is true and complete and understand that any misstatement or omission of information may disqualify me from consideration as a Level 1 Volunteer or Mentor.*

*By signing below I authorize Gaston County Schools and its authorized agent, Background Partner.com to conduct a criminal background check and I have the right to review the content.*

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Print Full Name \_\_\_\_\_

**Principal Referral**

I have approved submission of this Level 1 Volunteer application for background screening and upon successful results approve the applicant for volunteer tasks described.

\_\_\_\_\_, Principal  
*signature*

**Office Use Only**

School Assigned \_\_\_\_\_

Volunteer Job Description \_\_\_\_\_

**List Dates Completed:**

\_\_\_\_\_ Background Check Complete

\_\_\_\_\_ Signed Code of Conduct and Orientation Complete

\_\_\_\_\_ Level 1 Badge Issued

\_\_\_\_\_ Application Forwarded to School

\_\_\_\_\_ Volunteer Notified by School to start

**For Mentors Only:**

\_\_\_\_\_ Mentor Coordinator returned match information

\_\_\_\_\_ Date School where Mentor Volunteers \_\_\_\_\_

Mentee Name \_\_\_\_\_ Grade \_\_\_\_\_

# GASTON COUNTY SCHOOLS

## Authorization To Conduct A Volunteer Background Screening

Updated 8-23-10

I, the undersigned party, have applied as a volunteer with the GASTON COUNTY SCHOOLS. I hereby authorize GASTON COUNTY SCHOOLS and / or its authorized agent, BackgroundPartner.com to conduct a pre-volunteer service screening (consumer report) of my personal background. The background research will include the following:

### Nationwide, State or Local Criminal History

I further agree and authorize GASTON COUNTY SCHOOLS or their authorized agent, at their discretion to conduct an Investigative Consumer Report as to my character, general reputation, personal characteristics and mode of living which may be obtained through personal interviews of former employers, family, friends or other persons I may be acquainted with that may have knowledge of this information.

I understand and agree that this background research will be conducted prior to my volunteer status beginning and I have a right to review the content and dispute the results of the background screening by contacting BackgroundPartner.com at [www.info@backgroundpartner.com](mailto:www.info@backgroundpartner.com) or calling toll free 1-877-661-0008. I understand and agree that should I receive the volunteer position with GASTON COUNTY SCHOOLS I will be subject to release at anytime should information be discovered or revealed related to a criminal charge against me or that any information that I provide on the volunteer application is determined to be false.

Should I become a volunteer of the GASTON COUNTY SCHOOLS, I understand and agree that this release will be in effect throughout the course of my volunteer status and that GASTON COUNTY SCHOOLS may request other consumer reports at anytime without obtaining an additional release in accordance with state and federal law.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as from any liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I agree that a copy or facsimile of this authorization has the same effect as an original.

Volunteer Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Volunteer Applicant Information

#### Please Print Clearly

First Name: \_\_\_\_\_ M/I: \_\_\_\_\_ Last: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Aliases: \_\_\_\_\_ / \_\_\_\_\_

Social Security: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Driver License Issued: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

