



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 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: _____

