

# School Volunteer Program (SVP) Registration Form

Volunteers may not start service until they are cleared by the district.



Volunteer # \_\_\_\_\_

## PERSONAL INFORMATION:

Please note: Name, address and date of birth must be accurate or clearance process will be delayed.  
Personal information must be as it appears on official documents.

Application Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Gender: Male  Female  Ethnic Group: Black  White  Hispanic  Multiracial   
American Indian  Asian/Pacific islander  Other

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ year \_\_\_\_\_  
mm dd Emergency Contact Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Are you Bilingual? No  Yes  Language \_\_\_\_\_

Are you a parent/guardian/family member of (a) student(s) in this school? Yes  No

If you are an M-DCPS employee please provide your employee number. \_\_\_\_\_

If you are an M-DCPS student please provide your student ID number. \_\_\_\_\_

Are you an active or former member of law enforcement, a firefighter, a Department of Children & Family Services employee, a judge, a state or assistant attorney, a prosecutor, a government employee with duties involving human resources, labor relations, code enforcement officers or a spouse or child of the foregoing categories? Yes  No

A. Have you ever entered a plea of Nolo Contendere (no contest), a plea of Guilty, been placed in pre-trial intervention program or on probation, or been fined in a criminal proceeding? Yes  No

B. Have you ever received an adjudication of guilt, had adjudication withheld, had a criminal case result in a nolle prosequi ("nol pros"), or had a criminal record sealed or expunged? Yes  No

If you answered yes to any of the above, you must provide, when requested, a written explanation and certified Clerk of the Court documents to the District Office, for each arrest. Any volunteer with a criminal record will not be placed unless cleared by the School Volunteer Office, Human Resources and the Office of Professional Standards.

BY SIGNING THIS FORM, I AM AGREEING TO A BACKGROUND CHECK BY M-DCPS AND I UNDERSTAND THAT THIS IS AN OFFICIAL DOCUMENT. I AM GIVING TRUTHFUL INFORMATION AND UNDERSTAND THAT GIVING FALSE INFORMATION IS PUNISHABLE AS A MISDEMEANOR. I ALSO ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE SVP POLICIES AND GUIDELINES.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This registration will not be considered as valid unless all sections are fully completed, and registration has been signed and dated.  
PLEASE ALLOW 10 DAYS FOR PROCESSING.

### DISTRICT INFORMATION REQUIRED TO BE COMPLETED BY SCHOOL ONLY

Identification was verified by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Volunteer was placed at work location # \_\_\_\_\_

Application approved for input by \_\_\_\_\_  
keep copy of application on file for 2 years from above date

**Please Note Policy:** A volunteer's service may be terminated at any time, at the discretion of either M-DCPS or the volunteer. A volunteer must report any criminal incident that may have occurred after the initial background check to the M-DCPS Volunteer District Office.

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Volunteer # \_\_\_\_\_

Work Location Name: \_\_\_\_\_

**Placement information:**

Through what organization/agency are you volunteering?

- |  |   |
|--|---|
| <input type="checkbox"/> PTA/PTSA                    | <input type="checkbox"/> Take Stock in Children   |
| <input type="checkbox"/> College: Name _____         | <input type="checkbox"/> Big Brothers Big Sisters |
| <input type="checkbox"/> U.S. Military: Branch _____ | <input type="checkbox"/> Women of Tomorrow        |
| <input type="checkbox"/> Other: _____                | <input type="checkbox"/> 5000 Role Models         |

**Volunteer Placement Categories:**

- |   |   |
|---|---|
| <input type="checkbox"/> Pre K                                  | <input type="checkbox"/> K - 8 Center     |
| <input type="checkbox"/> Elementary School (grades K - 5th)     | <input type="checkbox"/> Community School |
| <input type="checkbox"/> Middle School (grades 6th - 8th)       | <input type="checkbox"/> Adult/Vocational |
| <input type="checkbox"/> Senior High School (grades 9th - 12th) | <input type="checkbox"/> Child Care       |

**Place an X in the box next to each activity which you select for volunteer service**

Level 1 (L1 volunteering)	
	Band
	Day Chaperone
	Classroom
	Clerical (Office)
	Exceptional Student
	KAPOW
	Library/Media
	Music
	PTA/PTSA President
	PTA/PTSA Treasurer
	Room Parent
	Tutor
	Special Club Sponsor
	Student Services
	Other: _____

Level 2 (L2 volunteering)	
	Certified Volunteer <small>(M-DCPS course required)</small>
	Listener <small>(Listeners course required)</small>
	Mentor
	Overnight Chaperone
	Oyente <small>(Oyente course required)</small>
	Phys. Ed. Asst./Athletic Asst. <small>(Middle School only)</small>
<p><b><u>Level 2 volunteering requires fingerprinting.</u></b> Please see the school volunteer coordinator for an official fingerprint waiver form.</p>	