



# WatchDOGS Registration Form for



## *Essex Intermediate School*

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student's Name(s):

\_\_\_\_\_

Student's Grade(s):

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Please return this form to one of the following locations:**

1. Return this form to one of our volunteers tonight.
2. Scan and email to [hgentry@essex.k12.va.us](mailto:hgentry@essex.k12.va.us)
3. Drop the form off at the office or with your student's teacher.
4. If you have questions, please contact **Heather Gentry, Principal at 443-3040** or [hgentry@essex.k12.va.us](mailto:hgentry@essex.k12.va.us)



## VOLUNTEER APPLICATION

School Year: 20\_\_ - 20\_\_

*Please Note: All volunteer applications must be submitted to the building level principal where you wish to serve as a volunteer.*

Full Name:  Mr.  Mrs.  Ms. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First                      Middle                      Last

Current Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Mailing Address                                      City/Town                                      State                                      Zip Code

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

E-Mail: \_\_\_\_\_

Occupation/Employer (if applicable): \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of School-Age Child(ren)	Current Grade Level	School Attending

Specific program or area of volunteer service in which you are interested (athletics, chaperone, tutor, office assistance, classroom assistance, cafeteria assistance, special event, etc.)  
 \_\_\_\_\_

Specific school for which you would like to volunteer:

Tappahannock Elementary School       Essex Intermediate School       Essex High School

Briefly state why do you want to volunteer? \_\_\_\_\_

### VOLUNTEER EXPERIENCE

Agency	Title	Duties	Length of Service

1. Have you been convicted of any offense involving the sexual molestation, sexual battery, physical abuse, sexual abuse or rape of a child?  Yes  No
2. Have you been investigated by the Department of Social Services (Child Protective Services Unit) for abuse or neglect with a result of "founded"?  Yes  No
3. Have you been convicted of a felony and/or a misdemeanor?  Yes  No  
 If "Yes," please explain and give dates of conviction, type of conviction, and jurisdiction where convicted.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (Please use additional sheet if necessary.)
4. Are any criminal charges or proceedings pending against you?  Yes  No  
 If "Yes," please explain \_\_\_\_\_
5. If you answered "Yes" to any of the above questions, ECPS may need to contact Child Protective Services (CPS) before making a decision about your application. Do you grant ECPS the right to check with CPS and/or police regarding any of the above investigations and/or convictions?  Yes  No

Continued on back.

### VOLUNTEER APPLICATION (Continued)

One of the top priorities of Essex County Public Schools is the safety and security of everyone within our school community. For your protection and that of the students and staff, the school system conducts a check with the National Sex Offender Public Website which includes the Virginia State Police "Sex Offender Registry" on all school personnel and volunteers.

**PERSONAL REFERENCES** (References should not include relatives.)

	Name	Title	Address	Phone
1.				
2.				
3.				

I understand that school volunteer acceptance is contingent upon the results of references and background check(s); therefore, I authorize all persons to provide any accurate information that may be required to reach a volunteer acceptance decision.

I understand that nothing stated in this application implies, offers, or creates an employment relationship or contract for employment.

I further understand that, if accepted, my service is at-will and can be terminated by me or the organization at any time.

I declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief and further understand that false information or omissions may disqualify me from volunteering with Essex County Public Schools.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you have previously served as a volunteer within the school division, please indicate the school(s) at which you volunteered and in what capacity you volunteered:

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**PLEASE NOTE:** Your completed volunteer application must be submitted to the building level principal where you wish to serve as a volunteer.

**FOR OFFICE USE ONLY:**  
 This application has been reviewed .

\_\_\_\_\_  
 Principal's Signature Date

Received by HR Office: \_\_\_\_\_