



**INFORMATION FOR THOSE INTERESTED IN SERVING AS A  
VOLUNTEER AND/OR  
NON-EMPLOYEE ATHLETIC COACH**

Anyone who wishes to volunteer on a consistent basis (non-parent/guardian volunteers who have “regular” or “frequent” contact with children, coaches, mentors, tutors or overnight chaperones) or is a non-employee of ECPS who wishes to serve as an athletic coach must complete the following requirements before working with any ECPS students:

1. ECPS Volunteer Application
2. Fingerprinting (\$27.00)
3. DSS Child Abuse and Neglect (\$10.00) background check.
4. Submit a check made payable to Essex County Public Schools in the amount of \$37.00 to cover the costs of completing background checks; cash and money orders are also accepted.
5. Complete a Tuberculosis risk assessment with the Head Nurse Supervisor, at Essex High School. There is no charge for the risk assessment; however, should a potential risk be identified, the volunteer/non-employee must have the TB skin test completed by the local Health Department or by a private physician. The cost for the TB skin test is the responsibility of the volunteer/non-employee. If you have had a negative TB skin test completed in the past 12 months ECPS will accept the results of that skin test; a copy of those test results must be on file.
6. All volunteers and non-employee coaches must be approved by the School Board in order to work with ECPS students.

Please contact Angela Gross, Human Resources Director, at the School Board Office by calling 804-443-3266 or by email at [agross@essex.k12.va.us](mailto:agross@essex.k12.va.us) to obtain appropriate forms and to answer any questions. All completed forms and the \$30.00 check must be submitted to Angela Gross.



## 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<b>FOR OFFICE USE ONLY:</b>	
This application has been reviewed .	
_____	_____
<b>Principal’s Signature</b>	<b>Date</b>
Received by HR Office: _____	