

RAPPAHANNOCK COUNTY PUBLIC SCHOOLS VOLUNTEER SERVICES AGREEMENT

Thank you for agreeing to volunteer your services in the Rappahannock County Public Schools. Please affirm your acceptance of the terms of your agreement to volunteer, as stated below, with your signature.

1. I agree to participate in activities in _____
Please list which sport/organization

2. I agree to volunteer: (Please check which applies) ___ supervised ___ unsupervised
Supervised = assisting while school staff is present Unsupervised = working alone with student(s).

3. I consent to RCPS performing a background check and understand that I may be ineligible for volunteering based on the results. If necessary, due to being unsupervised with students, I agree to be fingerprinted by a law enforcement agency before volunteering begins.

4. I agree that volunteering in this activity is an act of donating my labor, and possibly my own use of my personal vehicle, free of choice, and agree to perform assigned tasks in a responsible manner. I understand that volunteering for RCPS is not an exchange for any consideration, such as pay, academic credit, fringe benefits, the promise of future employment, or promoting my own personal or professional ventures.

5. I agree to assume the risks of personal property damage, injury, illness or death associated with participation in this activity and I agree to release RCPS, it's employees, agents, representatives, and other volunteers from any or all liability that may arise in connection with this activity. I agree that the terms hereof shall serve as an assumption of risks and release for any heirs, estate, executor, administrator, assignees, and for all members of my family.

6. I understand I will not be covered by worker's compensation laws in connection with this volunteer activity.

7. I understand that, as a volunteer, I will not be an employee. RCPS and I both hold the right to end my volunteer relationship at any time, for any reason, with or without advanced notice.

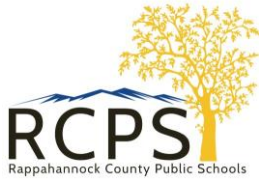
8. I agree to abide by RCPS policies and not disclose any confidential information concerning students, their guardians, employees, unpublished documents or other confidential information of which I may learn in the course of my volunteer service.

Print Name

Volunteer Phone Number

Signature (Parent signature if volunteer is a minor under 18yrs old)

Date



EMPLOYEE INFORMATION

Employee's Full Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____/____/____

Marital Status: __Single __Married __Divorced

Spouse's Name: _____

Spouse's Date of Birth: ____/____/____

Contact person and telephone number to be used in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

For Office Use Only

Date of Hire: ____/____/____

Years of Experience: _____

Step Placement: _____

Job Location: _____

Position: _____



To schedule a fingerprinting appointment, please follow these simple instructions:

1. Visit <http://fieldprintvirginia.com>
2. Click on the “Schedule an Appointment” button.
3. Enter an email address under “New Users/Sign Up” and click the “Sign Up” button. Follow the instructions for creating a Password and Security Question and then click “Sign Up and Continue”.
4. Enter the Fieldprint Code provided by your employer. **FPRappahannockCPSVol**
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any questions or problems, you may contact our customer service team at 877-614-4364 or customerservice@fieldprint.com.