

## 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.

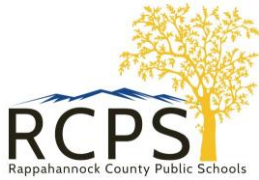
8. I agree to abide by RCPS policies and not disclose any confidential information concerning students, their guardians, employees, unpublished documents or other confidential information of which I may learn in the course of my volunteer service.

\_\_\_\_\_  
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**

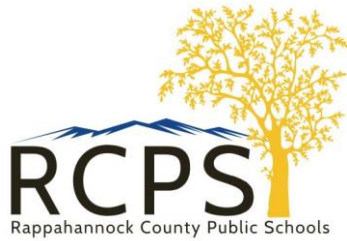
Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Years of Experience: \_\_\_\_\_

Step Placement: \_\_\_\_\_

Job Location: \_\_\_\_\_

Position: \_\_\_\_\_



**Rappahannock County Public Schools  
6 Schoolhouse Rd.  
Washington, VA 22747**

### **CHILD PROTECTIVE SERVICES FORM**

Please help us to better serve you by ensuring that all forms submitted to us are fully and accurately completed. Complete this form using black ink only. Do not cross over, erase, or use white out on form. If you make an error please request a new form. This form must be notarized so please wait until you are in the presence of the notary before signing. We have a notary of public in our office available when you submit your completed forms to the School Board Office or you can choose to use another notary. Please do not enclose payment, fee is provided by the school.

**Search Fee \$10.00**

## INSTRUCTIONS

### Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

### **Read all instructions before completing the form: (Incomplete forms will be returned)**

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate "initial only" otherwise, enter a full middle name given at birth.
3. For "other names used" list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write "N/A".
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier's check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)

All money orders, company/business checks, or cashier checks should be made payable to:  
Virginia Department of Social Services.

#### **Personal checks and cash will not be accepted.**

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services  
Office of Background Investigations - Search Unit  
801 East Main Street, 6th Floor  
Richmond, VA 23219-2901**

**Search Fee \$10.00**

<b>Purpose of Search, Check one:</b>					
<input type="checkbox"/> Adam Walsh Law	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Babysitter/Family Day Care			
<input type="checkbox"/> CASA	<input type="checkbox"/> Children's Residential Facility	<input type="checkbox"/> Custody Evaluation	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Foster Parent	
<input type="checkbox"/> Institutional Employee	<input type="checkbox"/> Other Employment	<input type="checkbox"/> School Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other	

**MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search**

<b>Name</b>			<b>Payment/FIPS Code</b> (Use only if assigned by OBI-CRU)			
<b>Address</b>						
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Mandatory if agency code has been assigned</b>			
<b>Contact Name</b>		<b>Tel.#</b>				<b>Ext</b>
<b>Contact E-Mail</b>						

**PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED**

<b>Last Name</b>	<b>First Name</b>	<b>Full Middle Name – (given at birth) - No initials</b> (if middle name is an initial, indicate "Initial Only")			
<b>Maiden Name (last name before marriage)</b>	<b>Sex</b>	<b>Date of Birth (MM/DD/YYYY)</b>		<b>Race</b>	
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
<b>Driver's License Number or ID #</b>	<b>Social Security Number</b>	<b>Other names used; nicknames, legal names (refer to instruction page)</b>			
<b>Current Address (Include Street # and Apt #)</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	

**Applicant's Prior Addresses**

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

**Marital Status**    Single    Married    Divorced    Widowed    Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

**List all of your children.** If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



**Search Fee \$10.00**

**PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

\_\_\_\_\_  
Signature of person whose name is being searched  
(Sign in presence of Notary)

\_\_\_\_\_  
Parent or Guardian signature required for minor  
children under the age of 18

**PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_

Commonwealth/State of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
**Notary Public Signature** ..... **Botary Number**

My Commission Expires: \_\_\_\_\_

Notary Seal

**PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY**

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Based on information provided by the Local Department of Social Services, we have determined that \_\_\_\_\_ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

\_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

\_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

3. \_\_\_\_\_ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: \_\_\_\_\_ Date: \_\_\_\_\_

OBI Staff Only



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](mailto:customerservice@fieldprint.com).