

Giles County Public Schools  
151 School Road  
Pearisburg, VA 24134  
(540) 921-1421



**VOLUNTEERS**  
**REGISTRATION FORM**  
**20\_\_ - 20\_\_ SCHOOL YEAR**

The Giles County Public School System does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Title IX Coordinator (Assistant Superintendent, Curriculum)  
151 School Road  
Pearisburg VA 24134  
(540) 921-1421 x 16

Section 504 Coordinator (Director of Special Education)  
151 School Road  
Pearisburg VA 24134  
(540) 921-1421 x 21

For further information on notice of non-discrimination, visit <http://wdcrobcop01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481.

\_\_\_\_\_ Social Security #

\_\_\_\_\_ Date

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Education: \_\_\_\_\_ High School Graduate \_\_\_\_\_ College Attended \_\_\_\_\_

Years of College Completed (circle one) 1 2 3 4 4+ Degree(s) Earned: \_\_\_\_\_

List any additional grade level(s) or subject area(s) in which you would feel competent to volunteer: \_\_\_\_\_

Have you previously volunteered in Giles County Public Schools? \_\_\_\_\_ If so, please list most recent school year: \_\_\_\_\_

I have read the information on this registration form and understand its content.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

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**DISCLOSURE STATEMENT**

The following statement is required of all public school employees  
as a condition of employment by the Code of Virginia,  
Section 22.1-296.1.

I understand and agree that by signing and submitting this application, I certify:

(i) that I have not been convicted of a felony or any offense involving  
the sexual molestation, physical or sexual abuse or rape of a child

and

(ii) that I have \_\_\_\_ OR have not \_\_\_\_ been convicted of a  
crime of moral turpitude

and

(iii) that I have not been the subject of a founded case of child abuse and neglect.

I further understand that if I make a materially false statement regarding any of the above offenses,  
I will be guilty of a Class 1 misdemeanor.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

School Board policy requires verification of an applicant's criminal history record prior to offering employment.

Conviction of a crime, in and of itself, shall not be a bar to employment by the Board. Where a conviction is related to suitability of the individual to perform duties, such a person may be denied employment or terminated.

I, \_\_\_\_\_, hereby authorize the Superintendent of Schools to obtain criminal history information concerning me. I further authorize the Giles County Sheriff's Office to release to the Superintendent of Schools, or his designee, any criminal history record information obtained from the Central Criminal Records Exchange.

DATE \_\_\_\_\_ APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

RETURN THIS SIGNED FORM WITH THE COMPLETED APPLICATION OF EMPLOYMENT



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**VOLUNTEER**  
**REFERENCE FORM**  
TO BE COMPLETED BY

---

NAME OF REFERENCE

PLEASE COMPLETE AND FORWARD THIS FORM AS SOON AS POSSIBLE TO  
THE SCHOOL WHICH YOU PLAN TO VOLUNTEER

I WAIVE MY RIGHTS TO SEE MY REFERENCE AND, THEREFORE, RECOGNIZE THAT IT SHALL  
REMAIN CONFIDENTIAL. (1974 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT--RIGHT TO ACCESS)

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SIGNATURE OF APPLICANT

I DO NOT WAIVE MY RIGHTS OF CONFIDENTIALITY AND, THEREFORE, WILL HAVE ACCESS TO MY  
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SIGNATURE OF APPLICANT

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NAME OF APPLICANT (PLEASE PRINT)

NAME OF APPLICANT \_\_\_\_\_

	OUTSTAN- DING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN OR NOT APPLICABLE
<b><u>OCCUPATIONAL COMPETENCE</u></b>					
A. BY VIRTUE OF TRAINING AND/OR JOB EXPERIENCE, HAS THE ABILITY TO PERFORM THE JOB(S) FOR WHICH APPLYING					
B. HAS THE ABILITY TO LEARN QUICKLY AND THOROUGHLY NEW SKILLS AND TECHNIQUES WHICH MAY BE REQUIRED BY THE JOB					
C. IS FAMILIAR WITH OPERATION AND CARE OF STANDARD EQUIPMENT USED IN THIS JOB FIELD					
<b>(FOR CLERICAL APPLICANTS ONLY)</b>					
D. DEMONSTRATES AN ACCEPTABLE COMMAND OF THE ENGLISH LANGUAGE ACCORDING TO STANDARD USAGE					
E. TYPES WITH ACCEPTABLE SPEED AND ACCURACY					
<b><u>HUMAN RELATIONS SKILLS</u></b>					
A. INTERACTS WELL WITH ALL ETHNIC GROUPS REGARDLESS OF THEIR CULTURAL, INTELLECTUAL, OR ACADEMIC BACKGROUND					
B. WORKS COOPERATIVELY WITH COLLEAGUES IN ACHIEVING COMMON GOALS					
C. IS ABLE TO COMMUNICATE EFFECTIVELY AND TACTFULLY WITH COLLEAGUES, SUPERIORS, AND SUBORDINATES					
<b><u>PERSONAL CHARACTERISTICS RELATED TO JOB PERFORMANCE</u></b>					
A. IS PUNCTUAL					
B. IS SELF-CONFIDENT ABOUT ABILITY TO PERFORM THE JOB APPLIED FOR					
C. HAS THE STAMINA TO DO THE JOB APPLIED FOR					
D. HAS THE ABILITY TO MAKE DECISIONS AND CARRY OUT RESPONSIBILITIES					
E. IS ABLE TO COPE WITH DEMANDS OF THE JOB					
F. IS OPEN-MINDED TOWARD CHANGE					
G. IS SELF-RELIANT					
H. HAS INITIATIVE					
I. IS INTERESTED IN SELF-IMPROVEMENT					

NAME OF APPLICANT

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

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HOW LONG HAVE YOU KNOWN THE APPLICANT?

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FURTHER COMMENTS ABOUT THE APPLICANT'S ABILITY TO PERFORM THE JOB APPLIED FOR:

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SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

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- D. DEMONSTRATES AN ACCEPTABLE COMMAND OF THE ENGLISH LANGUAGE ACCORDING TO STANDARD USAGE
- E. TYPES WITH ACCEPTABLE SPEED AND ACCURACY

**HUMAN RELATIONS SKILLS**

- A. INTERACTS WELL WITH ALL ETHNIC GROUPS REGARDLESS OF THEIR CULTURAL, INTELLECTUAL, OR ACADEMIC BACKGROUND
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**PERSONAL CHARACTERISTICS  
RELATED TO JOB PERFORMANCE**

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