CHARLOTTE-MECKLENBURG SCHOOLS
VOLUNTEER PROFILE FORM

You may also complete this form online at http://volunteer.cms.k12.nc.us.

Section 1: Volunteer Contact Information

Date _____ Student Name *(if volunteering at your child's school)* _____

First Name _____ MI/Maiden Name_____ Last Name _____

Home Address, City, St, Zip _____

Home Phone_____ E-mail Address _____

Employer_____ Business Phone_____

Business Address, City, St, Zip _____

Have you ever been employed by CMS? ☐ Yes ☐ No If yes, give dates of employment: _____

Section 2: Volunteer Availability and Interests *Please circle*

How often are you available to volunteer?

Once a week | Once a month
Every other week | Periodically

What size group do you prefer?

Individual | Classroom
Small group | Large group

List day of week available_____

How long are you available to volunteer on each visit?

One hour | Three hours
Two hours | All day

What grade do you prefer?

Preschool | Middle School
Elementary School | High School

What time of day are you available?

7:00-9:00 AM | Noon-3:00 PM
9:00 AM-Noon | 3:00-6:00 PM
Lunch time only | After 6:00 PM

Where would you prefer to volunteer?

At a school nearest your | Home
Workplace

School(s) Requested: *(Please list all schools where you volunteer and make a copy of this profile for each one.)*

_____

_____

Task Assignment(s) Preferred: *(Please list any preferences you have for your volunteer assignment.)*

_____

_____

Special Skills, Interests, other information or Comments:

Next Steps for Volunteering

Charlotte Mecklenburg Schools has developed a volunteer screening process to ensure the safety of our children. This Volunteer Profile is the first step in that process. Please sign and return the profile to your school. Please contact your school volunteer coordinator who will work with you to place you in a task assignment that matches your interests and availability with school opportunities.

Additional screening is required for volunteers who work with students under limited supervision of CMS school staff. This screening includes references (Section 3) as well as information for a criminal background check (Section 4). The school will contact you if this additional information is needed or you may complete Sections 3 and 4 at this time.

Volunteer Confidentiality & Signature **(for all volunteers)**

Volunteers will not be given access to student records without parent/guardian permission. If the volunteer should obtain any information pertaining to any student's official records, the volunteer agrees to keep any such information confidential and agrees not to disclose or permit to be disclosed, directly or indirectly, to any person or entity any such information, except as may be required in the performance of the volunteer's assignment.

My signature indicates that all information provided on this form is, to the best of my knowledge, true and accurate and that I understand and agree to comply with the Confidentiality Statement above.

Signed: _____ **Date:**_____

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First Name _____ MI/Maiden Name_____ Last Name_____

Section 3: References

Please print. Complete the following information for **three non-family references** and send a Volunteer Reference Inquiry Form (available at your school or on the CMS website) to each of your references. Have your references return the form to the school coordinator where you will be volunteering.

1. Name_____ Relationship _____

   Address _____
   Street City State Zip

   Phone_____ How long have you known this person? _____

2. Name_____ Relationship _____

   Address _____
   Street City State Zip

   Phone_____ How long have you known this person? _____

3. Name_____ Relationship _____

   Address _____
   Street City State Zip

   Phone_____ How long have you known this person? _____

Section 4: Background Check Information and Consent *Please provide the following information*

Birthdate *(Required)* _____ Social Security Number _____
Month Day Year

Please indicate the places you have lived outside of Mecklenburg County during the last five years. Use additional sheets if necessary.

State	County	Dates	State	County	Dates	State	County	Dates

For Volunteer's transporting students – Provide the following information. You will also need to provide a copy of your driver's license, current insurance card and a driving history record for approval to transport students.

Driver's License Number _____ License State _____

I agree, if requested, to provide: Fingerprinting *(at convenient time/place arranged by school officials)* _____ (Initial Here)

I authorize the Volunteer Supervisor at Charlotte-Mecklenburg Schools to contact the references I have listed and perform a criminal background check. My signature also indicates that all information provided on this form is, to the best of my knowledge, true and accurate.

Signed: _____ **Date:**_____

Charlotte-Mecklenburg Schools maintains certain records on volunteers. In accordance with Section 115C-209.1 of the North Carolina General Statutes, those records are not public records and shall not be open to inspection, except in accordance with that law. A copy of this law can be seen on the CMS website (www.cms.k12.nc.us) or at the Charlotte Mecklenburg Public School Foundation and Strategic Partnerships Office by calling 980-343-6217.

For School Use Only

Please indicate the highest level task assignment for this volunteer. For all Level 3 and Level 4 tasks please have the volunteer complete the second page of the profile and forward a copy to the Volunteer Supervisor (#835) for a background check. For any questions please refer to the CMS Volunteer Screening Policy and Regulations or contact the Volunteer Supervisor at 980-343-6245.

Task Assignment(s) _____

; Level 1 ; Level 2 ; Level 3 ; Level 4 Signature _____ Date _____