

CARTERET COUNTY PUBLIC SCHOOLS
RELEASE OF INFORMATION FORM
FOR BACKGROUND CHECKS
FOR VOLUNTEERS

I. Please print your name and today's date: _____

II. Child information (only if you have a child enrolled in our school system)

Child's Name	School	Teacher's Name	Grade level
Other Children's name (if any) attending Carteret County Schools	School	Teacher's Name	Grade Level

III. Type of volunteering (work) preferred (please check all that apply)

Tutoring: Reading () Math () Other () Specify: _____	I have interest in: Drama () Arts/Crafts () Science () Music () Instrument _____	Health Room Asst. () Clerical Asst. () Library Asst. () Lab. Asst. () Classroom Helper ()	Coordinate class parties or events () Help with parties/events () Help with PTO events ()	Chaperone Field Trips () Campus Beautification () Other Interests _____
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IV. Date & Times Available

List AM/PM	Monday _____ Tuesday _____	Wednesday _____ Thursday _____	Friday _____
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V. Previous Volunteer Training

a. Volunteered Previously	School(s) _____	Year (s) _____
b. Volunteer Training	_____	_____

This serves as notification that in accordance with federal law, a background report, including a criminal records check, will be obtained on me in consideration for initial volunteering and/or during the course of my volunteering with the Carteret County Schools. I understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

Please list any felony or misdemeanor criminal convictions, guilty pleas, pleas of no contest, deferred prosecutions, prayers for judgment, and pending charges. Your listing should include DWI/DUI convictions, guilty pleas etc. but exclude minor (speeding) traffic violations. Please provide date(s), court of jurisdiction, and state.

Last Name (Parent/Guardian)	First Name	Middle Name
Other (Maiden, aliases, etc.)	Present Address	City, State, Zip _____ e-mail :
DOB: Mo. Day Year	Gender: Race:	Phone: Cell Home
Driver License #	State of Issue	Social Security #

SEE 2ND PAGE FOR COMPLETION & SIGNATURE

In consideration with this request, I authorize all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, county and federal courts, and military services to release information about my background, including but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public record history, to the Carteret County Public School System, or its agents. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fee, for the information in its files on me at the time of my request. I further authorize ongoing procurement of the above mentioned reports at any time during my volunteer service.

Please list all cities, counties and states in which you have lived within the past 20 years. Attach another page if necessary:

Street _____	City _____	County _____	State _____	Dates _____
Street _____	City _____	County _____	State _____	Dates _____
Street _____	City _____	County _____	State _____	Dates _____
Street _____	City _____	County _____	State _____	Dates _____

Thank you for completing this form. As a volunteer you are a vital part of our school system and we look forward to working with you throughout the school year.

The Human Resources Department
Carteret County Public School System

APPLICANT SIGNATURE

Date: _____

HUMAN RESOURCES:
Approved _____ Disapproved _____
Date: _____
Signature _____