



RPS Volunteer Application

Thank you for your interest in supporting RPS as a school volunteer. All volunteers should complete this form and return it to the main office of the school and/or department where they wish to volunteer. Please contact the school/department with additional questions.

Volunteer Information & Commitment

We understand volunteers require flexibility as to how often they are able to volunteer. We do ask that volunteers honor their commitment and RPS will as well.

First Name:		Last Name:			Date: / /	
Street Address:					Apt:	
City:			State:		Zip:	
Primary Phone:			Email Address:			
How would you like to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email						
Please check all areas of interest to you:	<input type="checkbox"/> Academic Support (classroom assistant)	<input type="checkbox"/> Enrichment Support (arts, drama, music)	<input type="checkbox"/> Clerical / Administrative Support (main office)		<input type="checkbox"/> Library / Media Center (Shelving books)	<input type="checkbox"/> Done-In-A-Day (Career Day, Beautification projects)
	Other (please explain):					
Check grade level preference:	<input type="checkbox"/> Pre-K	<input type="checkbox"/> K-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-8		<input type="checkbox"/> 9-12
Please indicate the Days & Times you will be available to volunteer:			Morning: 7:30am-11:45am		Afternoon: 12pm – 6pm	
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					

Please check the line if you are affiliated with Micah.

I have a volunteer assignment. School and/or program where assigned:

PLEASE CONTACT ME- I need a volunteer assignment. School(s) or area to I would like to be assigned: _____

Emergency Contact Information

First & Last Name: _____

Relationship: _____ **Phone:** _____

Please list any medical conditions with which we should be aware:

RPS Volunteer Agreement

Volunteer Agreement

For all volunteer positions, please read the following and sign in-person prior to the volunteer position starting. If the volunteer is under 18 years of age, the signature of a parent or guardian is required.

Statement of Limited Liability

Richmond Public Schools shall not be responsible for any and all personal injury and/or property damage that occurs to any and all volunteers while on and/or traveling to and/or from RPS property pursuant to this Agreement.

Confidentiality Statement

By signing below, the volunteer agrees that they will comply with all federal, state, and local laws and regulations regarding the confidentiality of student records and information, including but not limited to the Family Educational Rights and Privacy Act (FERPA) and Va. Code §22.1-287, for any and all student records and information that it receives from RPS. Additionally, the volunteer agrees that they will comply with all federal, state, and local laws and regulations regarding the confidentiality of student health records and information, including but not limited to the Health Information Portability and Accountability Act (HIPAA) and Va. Code §32.1127.1:03, for any and all student health records and information that they receive from RPS.

Consent and Release

I hereby authorize RPS, its affiliates, or those acting with permission, to use, reproduce and distribute my name, voice, likeness, photograph and/or any other representation of me in connection with printed materials or other media it distributes, displays, transmits, or exhibits. I understand that RPS will not pay the volunteer or anyone acting on the volunteer's behalf for appearing in print, on film, live broadcast or taped broadcast.

Criminal Records Check

By checking "I AGREE" below, I acknowledge that a national criminal records check through Verified Volunteers will be conducted upon submission of this application for all specific volunteer positions and I hereby consent to such a check. Volunteers must submit to a national criminal records check **every two (2) years**.

I also acknowledge that I will have to pay for the cost of the background check which is \$23 (payable on the Verified Volunteers site). Upon the submission of this application, you will receive an email from Verified Volunteers (theadvocates@verifiedvolunteers.com) with the subject line saying "Invitation from HandsOn Greater Richmond." You must open this email and follow the instructions in order to complete this process. Results will be provided to the contact person at the school/department with which you wish to volunteer. Please consult the [background check information sheet](#) for more information.

I AGREE

Print Name

Signature

Date