School Volunteer Registration

*PROCESSING TIME FOR THIS FORM IS **TWO WEEKS.***
***NO VOLUNTEERING** MAY OCCUR UNTIL PROCESSING IS COMPLETE.*

Legal Name_____
PLEASE PRINT (Last) (First) (Middle) (Maiden)

Address _____

City, State _____ Zip Code _____

Email _____

Telephone Number_____ Social Security # _____

Date of Birth (including year) _____ Race _____ Gender_____

Have you ever been convicted of any violation of the law other than a minor traffic ticket? _____
Do you have criminal charges or processes pending?_____

If you answered yes to either question, please explain on a separate sheet of paper. *Failure to disclose information may result in denial of the request to volunteer.*

By signing, I grant my permission for a background check to be completed in the processing of this registration and for my account to be monitored for future incidents.

_____ _____
Volunteer's Signature Date

You may return this form to a school or mail it to:

Sampson County Schools
P.O. Box 439
Clinton, NC 28329

Attn: Vanessa Canady