



Procedure for Volunteer Application and Background Check

Most importantly, thank you for applying as a Canton City School District Volunteer!

For the safety of all students and staff in the Canton City School District, anyone who volunteers in a school must consent to a BCII (Bureau of Criminal Identification and Investigation) fingerprint check. And, as in circumstances detailed below, an FBI check may also be required. Volunteers are required to complete **3 forms each year**. In short, when your approved background check and paperwork is approved, you are cleared to work with students and staff.

Step 1: Each year, all volunteers must sign and complete the following forms:

- Volunteer Application Form
- School Volunteer Agreement
- Law Enforcement Agency Authorization

Send all three completed forms to Sue Luther, 305 McKinley Ave. NW, 44702

Step 2: Schedule your BCII check

- **If you have lived in Ohio for the last 5 years:** You will need to call Sue Luther (330) 580-3041, to make an appointment for a background check. Once the appointment has been made, you will need:
 - a check, exact cash or money order in the amount of \$27 made payable to Canton City Schools,
 - your driver's license or state ID and
 - you must be able to provide your Social Security number.

Once Ms. Luther has received the necessary information, paperwork will be processed.

- **If you have not lived in Ohio for the past 5 years:** You will need to call Sue Luther (330) 580-3041, to make an appointment for a more extensive background check ~ BCI and FBI are both required. Once the appointment has been made, you will need:
 - a check, exact cash or money order in the amount of \$53.00 made payable to Canton City Schools,
 - your driver's license or state ID and
 - you must be able to provide your Social Security number.

Once Ms. Luther has received the necessary information, paperwork will be processed.

Step 3: Once approved, the School Community Worker will be notified and will contact you.



Canton City Schools
Volunteer Application Form
YEAR: _____

Name: _____

Address: _____ Zip: _____

Phone: _____ Birth Date: _____ Social Security #: _____

Years of residence in Ohio _____ If less than 5 years, please list city and state of previous residence _____

Education (indicate last year of school completed): _____

Number of children: _____ Name(s), Age(s) & School(s): _____

Please specify time/day you will be available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Volunteer Preference: _____ Grades PS-2 _____ Grades 3-5 _____ Grades 6-8 _____ High School

What skills do you have that would be helpful in the positions you indicated above?

If you do not have a child attending the school, please list two references whom we may contact.

IN CASE OF EMERGENCY:

Contact Name: _____ Contact Phone: _____

Contact Address: _____ Hospital Choice: _____

Medical Condition(s)/Allergies: _____



School Volunteer Agreement

Year: _____

Name: _____

Address: _____ Phone: _____

Volunteer directly responsible to: _____

Duties and responsibilities: _____

Time Commitment:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Other					

Starting Date: _____ Ending Date: _____

Procedure for reporting absence: _____

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

If your answer is "yes," explain: _____

Were you a member of the armed services? Yes _____ No _____

If yes, have you been convicted under the Uniformed Code of Military Justice (UCMJ)? Yes ___ No ___

If your answer is "yes," explain: _____

The Volunteer agrees to:

- Respect the confidentiality of all information that may be received regarding any pupils or staff while volunteering (this includes any observations made while volunteering)
- Authorize the Canton City Schools to contact appropriate law enforcement agencies for the purpose of conducting a background check.

Volunteer Signature

The School Agrees to:

- Provide initial orientation and ongoing training and support for school volunteers.
- Show respect and appreciation by giving the volunteer a suitable assignment in line with areas of interest and skills.
- Inform the volunteer in advance of all schedule changes (holidays, special events, etc.)

School Volunteer Coordinator's Signature: _____

Principal's Signature: _____

**PLEASE RETURN COMPLETED FORM TO SUE LUTHER
ADMINISTRATION CENTER, 305 MCKINLEY AVE NW, 44702**



**LAW ENFORCEMENT
AGENCY AUTHORIZATION**

Date: _____

I, _____ do hereby authorize and request any City, County, State or Federal Agency, Department or Bureau to furnish any criminal information in their files under the above name(s). I agree to hold any sources of information blameless for any error in reporting this information. I release all persons, whomsoever, from any damage for having furnished said information.

Social Security Number MUST be furnished to be considered for any position.

Signature: _____

Also known as, or maiden name _____
Please print

Date of Birth _____

Social Security Number _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Application to volunteer at: _____
Name of School