

Success Institute Charter School 1424 Rickert Street Statesville, North Carolina 28677

Volunteer Profile Form

Success Institute Charter School have developed a volunteer/chaperone screening process to help ensure the safety of our children.

• School Level Volunteers will complete section 1 and 2 of this form and return it to the school principal at least 7 days before they begin their volunteer work on campus.

• Level 2 Volunteers as well as chaperones for overnight field trips must complete section 1, 2,

and 3 of this form. A background check is required for chaperones.

	Section 1: Volunteer Cont	act Information	
First Name	Middle/Maiden	LastName	
Home Address, City, St	ate, ZipCode		
Home Phone	Cell Phone		
E-mail Address			
Employer			
Business Phone			
Business Address, City,	State, Zip		
Have you ever been em	ployed by SICS? Yes No If yes	s, give dates of employ	nent:
For Field Trips Only: D	ate of Trip:		_Destination of
Trip		School	
Grade S	tudent Name		
Contact Person for Trip			

Section 2: References

Please print. Complete the following information for three non-family r	eferences.
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 3: Background Check Information and Consent BACKGROUND CHECK RELEASE AUTHORIZATION

In consideration of my application to volunteer, I authorize Success Institute Charter School by and through North Carolina Administration of the Clerk of Courts and/or by and through a selected agency or source to verify all data given by me on application, related papers or oral interviews. I understand a thorough investigation may be conducted which may include, but not be limited to criminal history and motor vehicle driving record. I state that the information provided by me on my application is accurate and I agree that if any information therein is found to be false at any time, my application may be discarded. I understand that the information requested below regarding sex, race and date of birth are for the sole purpose of gathering the above information accurately and will not be used to discriminate against me in violation of the law. A facsimile (fax) or photocopy of this authorization shall be as valid as the original.

Applicant's Full Name (Please Print) _		
Social Security Number		
Maiden name or other names used Dat	e of Birth Race Sex	
Driver License Number/ State issued:		
Applicant's Signature:	Date:	

**A background check is not able to be completed without a Social Security Number. You may call the Success Institute Charter School and provide this information by phone if you prefer (704) 881-0441. Do you plan on transporting students? _____ If yes, please provide a copy of your driver's license and current insurance information. Is this an overnight field trip? Yes _____ No _____ Have you chaperoned before? Yes _____ No _____

Success Institute Charter School 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.