



Fairfax County Public Schools VOLUNTEER OR MENTOR APPLICATION FORM

Please complete this form if you want to offer your services in a volunteer or mentoring capacity in a school or any program operated or supervised by Fairfax County Public Schools. If you will be working directly with children on a regular basis with limited supervision by school system staff members you will be required to complete a background check that will include fingerprinting, a search for criminal history records on file with the Virginia State Police and the FBI, and a search for child abuse records maintained by the Virginia Central Abuse Registry.

GENERAL INFORMATION (Please print)

Last Name:	First Name:	Middle Initial:
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*Social Security Number:	*Provision of your SSN is optional. Failure to provide it may result in processing delays or errors but will not result in denial of application. The full text of the FCPS SSN privacy notice can be found on the FCPS home page at http://www.fcps.edu/DHR/applicants/disclosures.htm .
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E-Mail Address:

Home Address	Street:		
	City:	State:	Zip code:

Work Address	Name of Organization		Job Title (if applicable):	
	Supervisor's Name		Phone Number:	
	Street Address:			
	City:	State:	Zip code:	

Telephone Numbers	Home:		Work:		Cell:	
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Description and Location of volunteer or mentor services	
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Days of Week Available:	Hours Available:
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Describe any training, skills, or interests that pertain to the volunteer or mentor role.	
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Signature:	Date:
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