

Student Name: _____

Current School: _____ Grade Level: _____

School District Name: _____

To be completed by the school principal or designee and returned directly to volunteers@wcpss.net.

Name of School Administrator completing form: _____

Title: _____ Direct Phone Number _____

Please respond to the following questions to the best of your knowledge. If you answer "Yes," please explain the reason below this section or on a separate sheet of paper and attach to this request:

1. Is the student currently or has the student previously received a short-term suspension within the last four years?
 Yes* No
2. Is the student currently or has the student previously been recommended for or received a long-term suspension or expulsion?
 Yes* No
3. Has the student been accused of committing or found to have committed child abuse, sexual assault, sexual abuse, sexual offense, rape, sexual conduct without consent, or personal impropriety of a sexual nature with regard to any other person?
 Yes* No
4. Has the student been accused of committing or found to have committed violence or making threats of violence?
 Yes* No
5. Does the student have any history of drug possession and or use?
 Yes* No
6. Do you know of any issues that would cause concerns about the student working with younger students or other students?
 Yes* No
7. Do you know of any reason why the student would not be considered by you to be in good standing to participate in extracurricular activities?
 Yes* No

*Please explain below any "Yes" answer to the above questions.

Please indicate below any additional information that should be considered in reviewing the student's application.

School Administrator Signature_____
Date