



CECIL COUNTY PUBLIC SCHOOLS

DEPARTMENT OF HUMAN RESOURCES

GEORGE WASHINGTON CARVER EDUCATION LEADERSHIP CENTER
 DEPARTMENT OF HUMAN RESOURCES
 201 BOOTH STREET • ELKTON, MD 21921

Serving Learners, Families, and the Community

phone: 410.996.5555 • fax: 410.996.1051 • www.ccps.org

VOLUNTEER BACKGROUND CHECK FORM

I, the undersigned volunteer for CECIL COUNTY PUBLIC SCHOOLS, do hereby authorize CECIL COUNTY PUBLIC SCHOOLS to obtain an investigative criminal background report on me for purposes of my volunteer work with CECIL COUNTY PUBLIC SCHOOLS. I understand that this authorization and release shall be valid for subsequent criminal background reports during my period of association with CECIL COUNTY PUBLIC SCHOOLS for the purpose of investigating any incidents of misconduct or criminal activity for which I am alleged to have been involved.

The above-mentioned report may include, but is not limited to, information as to my criminal history/records and any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative criminal background report prepared by CECIL COUNTY PUBLIC SCHOOLS, of which I am the subject, upon my written request to CECIL COUNTY PUBLIC SCHOOLS if such is made within a reasonable time after the date hereof.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my association with CECIL COUNTY PUBLIC SCHOOLS may be terminated based on any false, omitted, altered, or fraudulent information.

Signature of Volunteer: _____ Date: _____

Printed Name of Volunteer: (first, middle, last)	
Other Names Used: (alias, maiden, nickname)	Years Used:
Current Address: (street, PO Box, city, state, zip)	Dates:
Former Address: (street, PO Box, city, state, zip)	Dates:
Daytime Phone Number:	Birth Date:
Email:	
I am volunteering as: (check all that apply) <input type="checkbox"/> Classroom Assistant <input type="checkbox"/> Athletic Coach <input type="checkbox"/> Overnight Chaperone <input type="checkbox"/> Student Mentor <input type="checkbox"/> Other (Please specify):	
Name of school where volunteering:	This is my _____ year of volunteering for Cecil County Public Schools.
Name of student attending school (if applicable):	Other schools where I volunteer:
Name of contact person at school:	

SCHOOL USE ONLY:	
Tier I and Tier II: Initial for Approval at School Level: _____	Date: _____
Tier III and Tier IV: HR Initials: _____	Date: _____ School Notified Date: _____

revised August 2019

Our Mission: CCPS serves equitably through positive relationships as a safe, collaborative community. We will ensure all learners acquire the knowledge, skills, and qualities to be responsible, caring, and ethical citizens.