CANTON PUBLIC SCHOOL DISTRICT VOLUNTEER APPLICATION

COMMUNITY RELATIONS

Office of Personnel
403 East Lincoln Street
Canton, MS 39046
Office: (601) 859-3089 Fax: (601) 859-4023
www.cantonschools.net

Application Date_____

Name_____
First Middle Last
Maiden

Address_____

_____ _____ _____
City State Zip

_____ _____ _____
Home Work Cell

_____ _____ _____ _____
Date of Birth Social Security No. Male or Female U. S. Citizen (Yes or No)

Emergency
Contact_____
Name Relation Phone Number

1. Are you a parent/guardian/family member of a student(s) in the district? Yes_____ No_____

_____
Student School Grade

_____
Student School Grade

2. List family members or friends employed with the Canton Public School District. **(Do Not Omit)**

_____(Relationship) _____(Relationship)

_____(Relationship) _____(Relationship)

3. Have you ever been convicted of a felony or immoral offense? _____Yes _____No

If yes, please explain._____

_____

_____

_____

4. Have you ever been convicted of a misdemeanor? _____Yes _____No

If yes, please explain._____

_____

_____

5. Have you ever filed or collected Workers' Compensation? _____Yes _____No

If yes, please explain._____

_____

_____

6. Given your knowledge, skills, education and experience, are you able to perform all the essential functions needed to volunteer for the category(s) which you may be selected to perform, with or without reasonable accommodations. ____Yes ____No

7. School site preferred:

_____McNeal Elementary School (K-2) _____Canton School of Arts & Sciences (K-5)

_____Canton Elementary School (3-5) _____Nichols Middle School (6-8)

_____Canton High School (9-12) _____Canton Career Center _____Canton Educational Services Center

AVAILABILITY

_____Monday _____Tuesday _____Wednesday _____Thursday _____Friday

_____Morning _____Afternoon _____Evenings _____Weekends

Activity Information

Please indicate below which category(s) you prefer as a volunteer.

____Tutor _____Mentor _____School Events _____Enrichment Activities _____Parent Organization

____Library _____Lunchroom _____Special Services _____Ongoing Fundraisers _____Clubs

_____Classroom – subject(s) preferred_____

____Other_____

_____I wish to serve on a school/site committee (specify if known)_____

READ CAREFULLY AND SIGN

By my signature, I attest that the information contained in this application is true and accurate. It is understood and agreed upon that any information misrepresented by me in this application may result in cancellation of this application and the Canton Public School District reserves the right to restrict and/or deny a person's volunteer privilege when deemed necessary. I give the Canton Public School District the right to contact all references and to secure any additional information about me. I hereby release from liability the Canton Public School District and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information. The completion, submission and receipt of this application does not guarantee approval as a volunteer. This application will remain active for one year.

_____ _____

Signature Date

_____ _____

Administrator's Signature Date

_____Approved _____Not Approved

_____ _____

Superintendent's Signature Date

Canton Public School District
Background Check Consent Statement

State law mandates, as of July 1, 2000, that all new hire licensed and non-licensed employees have a state Child Abuse Registry Check and criminal records background check. Applicants are ineligible for employment if checks disclose a guilty plea, conviction, or nolo contendere plea to a felony conviction for:

A. Possession or sale of drugs;
B. Murder, manslaughter, or armed robbery;
C. Rape, sexual battery, or sex offense as listed in Section 45-31-3;
D. Child abuse, arson, grand larceny, or burglary;
E. Gratification of lust or aggravated assault;
F. Or for any other felony offense.

Answer the question listed below. Check the appropriate response.

____Yes ____ No Have you been involved, connected, or charged with one or more of the above offenses?

If you checked "yes" to the above question, submit a written explanation for the offense(s), for which you were involved, connected, or charged.

I understand, if the Canton Public School District offers me employment, the district will request a background check consisting of a criminal history check and Child Abuse Registry Check to be used for employment-related purposes. This is in accordance with Senate Bill 2658 / 37-9-17, signed into law by the Governor. Any disqualifying information received from the checks may be grounds for immediate dismissal. I further understand that I will be required to pay a processing fee. I have carefully read and understand this Background Check Consent Statement.

Note: Under no circumstances shall a member of the Mississippi Board of Education, superintendent/director of schools under the purview of the Mississippi Board of Education, local school district superintendent, local school board member or any individual other than the subject of the criminal history record checks disseminate information received through any such checks except insofar as required to fulfill the purposes of this section. **(MS Code: 37-9-17)**

Please Print Your Name.

_____
(First) (Middle) (Last)

_____
(Social Security Number) (Signature) (Date)

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CANTON PUBLIC SCHOOL DISTRICT

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VOLUNTEER APPLICANT'S REFERENCE FORM

_____is an applicant for a position as a/an_____ in the Canton Public School District and referred you as having personal knowledge of his/her qualifications. Please check the following factors for which you have adequate information to make an appraisal and add any supplementary comments which you think are pertinent. ***Please note that verification of this information may be conducted by phone***. Your frank appraisal of the applicant's qualifications will be appreciated and treated confidentially.

FACTORS TO BE RATED	*VERY HIGH*	*HIGH*	*AVERAGE*	*LOW*	*VERY LOW*	*NOT OBSERVED*
1. General intelligence						
2. Physical health						
3. Quality of work *(excellence of work produced)*						
4. Quantity of work *(volume of work produced)*						
5. Work habits & attitudes						
6. Cooperation *(works effectively with others)*						
7. Initiative *(ability to initiate own actions)*						
8. Ability to follow instructions						
9. Personal appearance						
10. Work attendance						
11. General conduct						

Supplementary comments: _____

_____

_____

Name: _____

Title: _____

Telephone number ( ) _____

Professional _____ or Personal _____reference

Date:_____

Employer: _____

Are you/were you the immediate supervisor of the applicant? (yes or no) _____. If yes, for how long? _____.

FOR OFFICE USE ONLY

Reference verified by: _____

Date:_____

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Supplementary comments: _____

_____

_____

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Title: _____

Telephone number ( ) _____

Professional _____ or Personal _____reference

Date:_____

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Supplementary comments: _____

_____

_____

Name: _____

Title: _____

Telephone number ( ) _____

Professional _____ or Personal _____reference

Date:_____

Employer: _____

Are you/were you the immediate supervisor of the applicant? (yes or no) _____. If yes, for how long? _____.

FOR OFFICE USE ONLY

Reference verified by: _____

Date:_____

To the Applicant:

Three (3) references are required, two professional and one personal. Of the two professional references, one must have served or is serving as your immediate supervisor. You may use superintendents, principals, or supervisors (including student teacher supervisor) who can attest to your professional abilities.

In lieu of this reference form, you may use three (3) written letters of recommendation. Each letter must include the title and employer of the individual providing the reference and telephone number(s) where that individual may be reached.

Reference forms or letters may be submitted along with your application or mailed to the address below:

Personnel Department
Canton Public School District
403 East Lincoln Street
Canton, Mississippi 39046

CANTON PUBLIC SCHOOL DISTRICT

Dwight J. Luckett, Sr., Ed.S.
Superintendent of Schools

To: Mississippi Department of Human Services
Division of Family & Children Services
Child Abuse Central Registry
P O Box 352
Jackson, MS 39205

From: Ruby Holden, Director
Office of Personnel
Canton Public School District
403 East Lincoln Street
Canton, MS 39046
(601) 859-3089

In accordance with Senate Bill 2658, A Child Abuse Central Registry Check is required for the following school personnel or employee:

Name: _____
PRINT Full Name (*list maiden name & list any aliases)*

Social Security Number: _____ **Date of Birth**: _____

Mailing Address:_____

Physical Address:_____

By signing this form, I give the above named agency permission to request an MDHS Child Abuse and Neglect Central Registry background check.

_____ _____
Applicant's Signature *Date*

I have witnessed the applicant's signature and the information is true and attested by my viewing of the applicant's social security card and driver's license. I understand that this information must be kept confidential with my agency.

*Signature of Witness:*_____ *Date:* _____
(Witness must be a representative of the requesting agency)

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