APPLICATION TO SERVE AS VOLUNTEER
CANTON PUBLIC SCHOOL DISTRICT

NAME: (PRINT)_____

ADDRESS: _____

_____

Telephone: Home: ( )
Cell: ( )

Place of employment:_____

Highest educational level achieved:_____

State the area in which you seek to volunteer: _____

State your experience, education and/or training which qualifies you for the position for which you seek to offer your services as a volunteer:_____

Have you ever been convicted of a crime (other than a traffic violation)? _____YES

_____NO

If your answer to the foregoing question is yes please identify the crime for which you were convicted or pled guilty and the court in which you appeared for said crime._____

_____.

In submitting this application I hereby agree and consent for the Canton Public School District to conduct a background investigation to determine my fitness to serve as a volunteer among the children of the district and I further acknowledge that my volunteer services are being offered and will be performed at no charge to the District and without the expectation of payment from any other source and further, I acknowledge that I serve it the will and pleasure of the Canton Public School District Board of Trustees.

Witness my signature on this _____ day of _____, 20_____.

_____
Signature

CANTON PUBLIC SCHOOL DISTRICT

Mr. Isaac L. Hayes, Jr.
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: Anthony J. Bailey, 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)

This section to be completed by MDHS Office

_____ No identifying information was found in the Central Registry

_____ The following information was found in the Central Registry

_____ _____
Signature of MDHS Representative Date

"Working Together Works"

403 East Lincoln Street ● Canton, MS 39046
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