Procedure for Volunteer Applications
Most importantly …. Thank you for applying as a Canton City School District Volunteer!

A goal of the Canton City School District is to ensure our schools are a safe place for staff and students. Therefore, a volunteer must meet several requirements. A BCII (Bureau of Criminal Identification and Investigation) background check must be processed, as well as completing a volunteer application.

Step 1: Each year, ALL volunteers must sign and complete the following forms:

- **Volunteer Application Form**
- **School Volunteer Agreement**
- **Law Enforcement Agency Authorization**

These forms can either be submitted to your local school community worker or mailed to Rhonda Conrad, CCSD Administration Building, 305 McKinley Avenue NW, Canton, OH 44702. Email is conrad_r@ccsdistrict.org

Step 2: Schedule your BCI check

Please call Rhonda Conrad, 330-438-2661, to schedule an appointment. You will need to bring a exact cash, a check, or money order made payable to Canton City Schools, for $22.00 for a BCI only. If a BCI and FBI are both required (if you have resided in Ohio less than 5 years), the cost will be $51.00.

Please bring your driver's license or state ID, Social Security card, and payment to your scheduled appointment. Once your background check is processed it will be combined with your application, processed by Safety and Security, and forwarded to the school building (s). The school community worker will be notified, who in turn will contact you. A background check is valid for 5 years if there is no break in volunteer service.

Please Turn Over To Back Page

For Office Use Only
School:
Local Background Check
BCII:
_____Approved _____ Denied

2025-2026 School Year
CANTON CITY SCHOOLS
VOLUNTEER APPLICATION FORM

Name: _____

Address: _____ Zip _____

Phone: _____ Birthdate _____

Years of residence in Ohio _____ If less than 5 years, please list city and state of

previous residence _____

Education (indicate last year of school completed): _____

Program/Activity Area: Please check the area(s) / activities that you would feel comfortable in. Please feel free to add to the list.

Classroom Aide:	Academic Coach:		Other:	
_____ Kindergarten	_____ Math	_____ Music	_____ Lunchroom	_____ Office
_____ Primary	_____ Reading	_____ Art	_____ Office	_____ Sports
_____ Intermediate	_____ Special Needs		_____ Recess	_____ FundRaisers
_____ Middle School	_____ Early Literacy			
_____ High School	_____ Speech			

What skills do you have that would be helpful for the positions you marked above?

_____

If you do not have a child attending the school, please list two (2) references whom we may contact.

_____

<u>IN CASE OF EMERGENCY:</u>
Contact Name: _____ Contact Phone: _____

Contact Address: _____ Hospital Choice: _____

Medical Condition(s):Allergies: _____

SCHOOL VOLUNTEER AGREEMENT 2025-2026

Name: _____

Address: _____ **Phone:** _____

Volunteer directly responsible to: _____
Duties and Responsibilities: _____
_____
_____

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____
If answer is yes, please explain:
_____

The Volunteer agrees to:

Respect the confidentiality of all information that may be received regarding any students or staff while volunteering (this includes any observations made while volunteering).
Authorize the Canton City Schools to contact appropriate law enforcement agencies for the purpose of conducting a background check.

_____
Volunteer Signature

The School Agrees to:

Provide initial orientation and ongoing training and support for school volunteers.
Show respect and appreciation for giving the volunteer a suitable assignment in line with areas of interest and skills.
Inform the volunteer in advance of all schedule changes (holidays, special events, etc.)

School Volunteer Coordinator's Signature: _____

Principal's Signature: _____

PLEASE RETURN COMPLETED FORM TO RHONDA CONRAD, CCS ADMINISTRATIVE CENTER
conrad_r@ccsdistrict.org

LAW ENFORCEMENT AGENCY AUTHORIZATION

Date: _____

I, _____ do hereby authorize and request any
(PRINT FULL NAME)

City, County, State or Federal Agency, Department or Bureau to furnish any criminal information in their files under the above name(s). I agree to hold any sources of information blameless for any error in reporting this information. I release any persons, whomsoever, from any damage for having furnished such information.

Social Security Number MUST be furnished to be considered for any position.

SIGNATURE: _____

ALSO KNOWN AS, OR MAIDEN NAME: _____
Please Print

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Application to volunteer at: _____
Name of School

PLEASE RETURN COMPLETED FORM TO RHONDA CONRAD - CCS ADMINISTRATIVE CENTER