



FALLS CHURCH CITY
PUBLIC SCHOOLS

800 W. Broad, Suite 203
Falls Church, VA 22046
703-248-5684
703-248-5552 (fax)

VOLUNTEER INFORMATION FORM

(Information will be checked against VA Sex Offender Registry)

Date

Last Name

M.I.

First Name

Date of Birth (mm/dd/yyyy)

Telephone #

School Location

Reason for Volunteering

Home Address

City

State

Zipcode

Address should be physical address. No PO Boxes

Please save this form on your computer and email back as a separate attachment to: padillas@fccps.org. You may also fax this form to 703-248-5552.

By submitting this form, you are authorizing Falls Church City Public Schools to check the above information against the Virginia Sex Offender Registry. This is in accordance with School Board Policy 5.16.