

We are required by law to inform you that although this form is not a public record, and cannot be obtained by third persons under the public records law, inspection of your volunteer file may be conducted by the following individuals: (1) you, the volunteer; (2) the superintendent and other supervisory personnel; (3) the parent or guardian of any student with whom you have had contact; (4) members of the Asheville Board of Education and their attorney; (5) a party to a lawsuit, by authority of subpoena or proper court order.

**Asheville City Schools Foundation**  
**Volunteer Academic Coach Registration Form**

Today's date: \_\_\_\_\_ Your date of birth: \_\_\_\_\_

*Please provide your FULL name below—first, middle and last—so that we may conduct an accurate state criminal background check. We reserve the right to require your fingerprints for a national criminal background check.* In connection with my application for: a) volunteer, I understand that investigative reports which may contain public record information, may be requested or made on me including, criminal records, driving record and others. Further, I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law. I hereby authorize without reservation, any party or agency contacted to furnish the above-mentioned information.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Maiden/other names \_\_\_\_\_ Gender/Race \_\_\_\_\_

Street Address: \_\_\_\_\_ How long lived there? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): Day: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

***If you moved here from another state within the past year, what state?  
Address?*** \_\_\_\_\_

***Have your ever been convicted of a crime other than a minor traffic violation?*** Yes \_\_\_ No \_\_\_

Emergency contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Please list areas of knowledge & hobbies/interests: \_\_\_\_\_

I prefer to coach math \_\_\_ reading \_\_\_ other (please specify) \_\_\_\_\_

If you have children in an Asheville City School, please list their names and schools:

How many total hours per week are you available for academic coaching? \_\_\_\_\_

Circle preferences: school site or afterschool site: Delta House YWCA Youthful Hand

Please list age or school preferences if you have either: \_\_\_\_\_

**Personal Reference Qualifications (2 names required):**

- Reference cannot be someone who lives in your household or is related to you in any way.
- Reference must have known you for at least one year.
- We need phone numbers where references can be reached **during regular business hours** (long distance okay); email is helpful.
- The perfect reference (but not required) is someone who has seen you work with children.

**Reference #1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

**Reference #2:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Return form to:                      Terri Wells  
    Academic Coach Program Coord.                      Phone: 828-350-6135  
    Asheville City Schools Foundation                      Fax: 828-255-5131  
    PO Box 3196    Terri.Wells@asheville.k12.nc.us  
    Asheville, NC 28802

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**(Office Use Only)**

**Reference #1:**

Date contacted/message left: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Reference #2:**

Date contacted/message left: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_