

# VOLUNTEER/YOUTH LEADER REQUEST

## *Volunteer Disqualification Guidelines*

Any applicant who has been convicted of the following:

1. Any sex-related offense;
2. Any offense against minors;
3. Any Felony offense where the crime is against persons (i.e. assault, theft) or property (burglary, criminal mischief);
4. Any DUI within the last year or multiple conviction within the past five (5) years;
5. Any drug-related offenses within the last two (2) years (including marijuana and prescription drugs);
6. Any offense involving a deadly weapon;
7. Any violent, abusive, and/or threat and harassment – related conviction within the last two (2) years, or multiple convictions within the last five (5) years. (Domestic violence, harassment, etc.)
8. Anyone that has a court date or diversion date will not be allowed to volunteer.

The process to obtain the information contained in CourtNet is as follows:

**Individuals serving as Youth Leaders - FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

Potential Role/Position: \_\_\_\_\_ Location: \_\_\_\_\_

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DLN: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME(S) AND/OR ALIAS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS/P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

DATE: \_\_\_\_\_

I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.

Individual's Signature: \_\_\_\_\_

Agency – GRAVES COUNTY BOARD OF EDUCATION Address - 2290 SR 121 N Mayfield, KY 42066 Phone - 270-328-2656

**School Section: PLEASE COMPLETE ALL BLANKS BEFORE SENDING TO MELISSA WHITENTON AT THE BOE.**

Check a Payment Option:  Payment is attached  Please invoice: \_\_\_\_\_

**\*Administrator/Supervisor's Signature** \_\_\_\_\_