

VOLUNTEER APPLICATION AND PREFERENCE CHECKLIST 50-01-03 RVSD-05/09/16
SANTA ROSA DISTRICT SCHOOLS

If you have other children attending this school, completion of only one form is necessary.

Name: _____ M.I. _____ DOB: _____

Phone No: (Home) _____ (Work) _____ (Cell) _____

Student Name(s): _____

Teacher Names (s): _____

I would prefer to work with grade(s): (circle all that apply)

K 1 2 3 4 5 6 7 8 9 10 11 12

I am available: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.

I am available: ___ Mornings ___ Afternoons are Best ___ Does Not Matter

Times(s) _____

Special talents and skills I would like to share: _____

Health: (Any physical limitations) _____

Education or special training: _____

Age: ___ Under 21 ___ 21 – 61 ___ 62 and Over

Special Categories of Volunteers:

___ Retired Seniors ___ College Students ___ Middle/High School Students
___ Military ___ Parents ___ Other _____

I would like to (check all that apply)

- ___ Assist in the classroom with individual students or small groups.
- ___ Make bulletin boards, posters and displays.
- ___ Read or tell stories to students.
- ___ Listen to students read/practice skills.
- ___ Help set up or supervise learning stations.
- ___ Help students in the media center or computer lab.
- ___ Make instructional materials (flash cards, games, etc.)
- ___ Work with audio-visual equipment.
- ___ Assist with the supervision of students on the school campus.
- ___ Provide clerical assistance.
- ___ Assist with the preparation and clean-up of special projects.
- ___ Assist with the supervision of students on field trips (chaperone).
- ___ OTHER: (specify) _____

I understand that I am offering my services to the Santa Rosa County School System without compensation and without any rights to health benefits in case of illness or injury.

If you are approved to volunteer then it is not necessary to complete a Field Trip form.

Volunteer: _____ Date: _____

(Signature)

One reference who is not a relative: Name _____

Address: _____ Phone: _____

SANTA ROSA COUNTY SCHOOL BOARD SECURITY BACKGROUND CHECK

THIS FORM MUST BE TURNED IN WITH YOUR APPLICATION

Name: _____ Driver's License #: _____

Address: _____ Phone: (Home) _____ (Work) _____

Email: _____ DOB: _____ (Cell) _____

Student(s) Name(s): _____ Teacher(s) Name(s): _____

The following questions must be answered truthfully. A "yes" answer will not necessarily disqualify you from consideration. However, Santa Rosa County School Board reserves the right to request that you be fingerprinted at your own expense prior to your approval to volunteer.

- Yes No 1. Have you ever been convicted of an offense other than a minor traffic violation? (DUI and DWI convictions are not minor and must be reported.)
- Yes No 2. Have you ever been found guilty of a criminal offense?
- Yes No 3. Have you ever entered a nolo contendere or no contest plea?
- Yes No 4. Have you ever had adjudication withheld in a criminal offense?
- Yes No 5. Have you ever entered a pre-trial intervention program for a misdemeanor or felony charge?
- Yes No 6. Are there criminal charges currently pending against you?
- Yes No 7. Have you ever been placed on court-ordered probation, imprisoned, or jailed in a criminal proceeding?
- Yes No 8. Have you ever failed to appear in court or forfeited bond in a criminal proceeding?
- Yes No 9. Have you ever been confirmed as a child abuser by the Department of Children and Families or a similar agency in Florida or another state?

If you answered "yes" to any of the questions above, you must give a detailed explanation in the following space or on another page if extra space is needed:

ARREST

Where Arrested: _____

Arresting Agency: _____

Date of Arrest: _____

Offense: _____

By signing this document, I certify that all information contained herein is true and accurate. My signature further certifies that there is no falsification of any information, omission of any information requested, or any misrepresentation of information requested. I also understand that the Santa Rosa County School Board reserves the right to request that I be fingerprinted at my own expense prior to participation as a volunteer.

By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested will result in my name being removed from the approved volunteer list of the Santa Rosa County School Board.

Application Signature

Date

For Office Use Only: