

SANTA ROSA DISTRICT SCHOOLS

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

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

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) \_\_\_\_\_

Health: (Any physical limitations) \_\_\_\_\_

Special talents and skills I would like to share: \_\_\_\_\_

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: \_\_\_\_\_

THIS FORM MUST BE TURNED IN WITH YOUR APPLICATION

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

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:**