

Chumuckla Elementary School Volunteer Application

VOLUNTEER APPLICATION AND PREFERENCE CHECKLIST 50-01-03 RVSD-5/19/08

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) _____

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 _____

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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) _____

The following questions must be answered truthfully. A "yes" answer will not necessarily disqualify you

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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: