

**THE SCHOOL BOARD OF MARION COUNTY, FLORIDA
VOLUNTEER APPLICATION**

Year _____ SCHOOL _____

DISTRICT USE ONLY

Additional Screening:

Disposition :
___ Approved ___ Disapproved
Conditions _____

Signature _____

PLEASE PRINT

Driver License # _____

Last Name _____ First Name _____ Phone _____ Date of Birth _____

Address _____ City _____ Zip _____ Social Security No: _____

Female ___ Male ___ Other languages spoken: _____ Email: _____

Ethnicity: White ___ Black ___ Hispanic ___ Asian ___ Other _____

Level of School Completed ___ Degree ___ Occupation: _____ Employer: _____

Business Phone _____ Do you volunteer at any other schools in Marion County? ___ Specify _____

Emergency Contact Person: _____ Relationship: _____ Phone: _____

If you are a parent, give full name of children attending this school: _____

Volunteer Job Preference: Grade Level _____ Days Available: M ___ T ___ W ___ TH ___ F ___ AM ___ PM ___

Classroom ___ Office ___ Clinic ___ Library ___ Field Trips ___ Advisory Board ___ School Committees ___

Sports ___

SCHOOL BOARD POLICIES (concerning volunteers) CONFIDENTIALITY OF STUDENT RECORDS

Portions of a student's record, which include the following, are confidential: (Florida Statute 228.093)

1. Academic work completed
2. Grades
3. Standardized test scores, including academic, intelligence, aptitude and psychological tests
4. Attendance records
5. Interest inventory reports
6. Health Data
7. Student identifying data (social security number).
8. Teacher ratings and observations
9. Counselor ratings and observations
10. Verified report of serious or recurrent behavior pattern
11. Family background information

It is important that volunteers comply with the requirements of the statute with respect to an individual child's privacy rights. The above items, and anything else dealing with personal information about the student, are not to be discussed with anyone other than the teacher, with whom the volunteer works, the counselor at the school, or the principal. Failure to respect these privacy rights has legal consequence as the statute also specifies that parents of a child whose privacy rights are not respected have a right to court action to enforce the violated right by injunction.

I HAVE READ THE ABOVE SCHOOL BOARD POLICIES AND WILL COMPLY WITH THESE POLICIES.

SIGNATURE OF VOLUNTEER _____ DATE _____

PLEASE COMPLETE THE SCREENING PORTION ON PAGE 2.

**~ An Equal Opportunity School District ~
Drug Free Workplace
Save-A-Friend / 1-877-7FRIEND**

Volunteer Application

***** Attach a photocopy of Drivers License or State Photo ID *****

Pursuant to 231.02(2)(a), FL Statute (1995), applicants having been convicted of a crime involving moral turpitude shall not be employed (volunteer) in any position requiring direct contact with students. Otherwise, an applicant shall not be disqualified from employment (volunteering) solely because of a prior conviction for a crime. Nevertheless, a person may be denied employment (volunteering) pursuant to 112.002, FL Statute (1995), by reason of a prior conviction if the crime was a felony or first-degree misdemeanor and directly related to the position of employment (volunteering) sought.

SCREENING:

Have you ever been arrested, convicted, fined, incarcerated (jailed), placed on probation and/or community control (house arrest), taken into custody by a law enforcement officer, participated in any type of pretrial intervention program, or had adjudication withheld, other than in a minor traffic violation? **YES** _____ **NO** _____

If yes, please complete the information requested below for each offense:

Offense _____ Name used by you at the time of offense _____

Date of offense/arrest _____ City/County/State _____

Date of conviction or disposition _____

Level of conviction (felony or misdemeanor) _____

Explanation of final disposition _____

****If multiple offenses, provide information about each offense on an additional sheet of paper.**

RENEWAL APPLICATION:

If this is a renewal application, does any of the above apply to you since your **APPROVED** application?

YES _____ **NO** _____

(*if YES, please complete SCREENING section regarding new offenses)

If renewal, give school year application was **APPROVED**: _____

I hereby consent to the release of my juvenile delinquency records (if any) to the School Board of Marion County, Florida and further agree that if any misrepresentation has been made by me, any offer of volunteer service may be withdrawn or my volunteer service terminated immediately without any obligation or liability to me.

SIGNATURE OF VOLUNTEER _____ ***DATE*** _____

Interview / Orientation ___/___/___

Placement (Area/Teacher) _____

Signature of Supervising Staff: _____ **Date:** _____

Signature of Vol. Coordinator: _____ **Date:** _____

Vol. Coordinator has checked www3.fdle.state.fl.us/sexual_predators Vol. Coordinator **MUST** Initial here _____

Signature of Principal: _____ **Date:** _____

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