

Santa Rosa County District Schools

### Volunteer Application and Preference Checklist

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): (check 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

One reference who is not a relative: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

SR000003

Santa Rosa County District Schools

**Security Background Check**

THIS FORM MUST BE SUBMITTED WITH YOUR APPLICATION

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

The following questions must be answered truthfully. A "YES " answer will not necessarily disqualify you from consideration. However, the Santa Rosa County District School Board reserves the right to request that you complete the process for fingerprinting.

**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.)
- 2. Have you ever been found guilty of a criminal offense?
- 3. Have you ever entered a nolo contendere or no contest plea?
- 4. Have you ever had a criminal record sealed?
- 5. Have you ever had a criminal record expunged?
- 6. Have you ever had adjudication withheld in a criminal offense?
- 7. Have you ever entered a pre-trial intervention program for a misdemeanor or felony charge?
- 8. Are there criminal charges currently pending against you?
- 9. Have you ever been placed on court-ordered probation, imprisoned or jailed in a criminal proceeding?
- 10. Have you ever failed to appear in court or forfeited bond in a criminal proceeding?
- 11. Have you ever been confirmed as a child abuser by HRS or a similar agency in Florida or another state?
- 12. Have you ever been suspended without pay, or dismissed from employment or resigned while an Investigation was in progress for possible disciplinary action?

If you answered "YES" to question #1, 11, or 12, you must give a detailed explanation in the space provided:

**ARREST**

Where Arrested: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Offense: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

(Additional space provided on following page.)

Santa Rosa County District Schools

**Volunteer Application and Preference Checklist**

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 my fingerprints may be submitted to the Florida Department of Law Enforcement and the Federal Bureau of Investigation for a complete criminal history background check at the request of the Santa Rosa County District School Board. 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 District School Board.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Date	Arresting Agency	Where Arrested	Offense	Final Disposition

**Other Information/Explanation:**

**GULF BREEZE HIGH SCHOOL**  
**SEXUAL OFFENDER & PREDATOR SCREENING**

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

Driver's License State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

*For School Use Only*

Sexual Predator Screening Completed

YES

NO

\_\_\_\_\_  
Signature of Person Completing Screening

\_\_\_\_\_  
Date