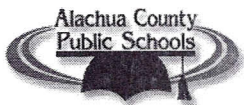


Sample



Alachua County Public Schools Application to Volunteer



School Volunteer Programs 1725 SE 1 Avenue Gainesville, FL 32641
352-955-6760-Phone 352-955-7240-Fax

**PLEASE
READ
BEFORE
COMPLETING**

We are delighted to process this application to volunteer with the *Alachua County Public Schools*. Please complete this application accurately and completely. **Be aware that a check of the FDLE Sexual Predator web site will be performed.** We do this to comply with state law and to maximize the safety of our students. You may submit this application to the school of your choice or to the district office at the address above for processing. You must fill out a new application each year. Thank you for offering your time, talents and skills to enhance the education of our students.

Please Type or Print School Volunteering In: Buchholz High School

Female Male Date of Birth: 1/1/2012 Month/Day/Year

Name: Smith Last John First Thomas Middle

Mailing Address: 101 Lacrosse St. Street Gainesville City FL State (Abr.) 32607 Zip

Phone: 352-141-1414 Home Work Email: lacrosse@email.com Yes No School Board Employee

Indicate your age group: Under 21 21-61 62+

Occupation: Lacrosse Engineer Employer: Lacrosse, Inc.

Racial Category: White, Non-Hispanic Black, Non-Hispanic Hispanic Asian Multiracial Native American

I have been a volunteer for 0 years.

Emergency contact: complete Phone: complete

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), entered into a deferred prosecution or pre-trial intervention agreement, or had adjudication withheld in a criminal offense other than a minor traffic violation? (DUI is not a minor traffic violation.) Are there any criminal charges now pending against you? Sealed or expunged records must be reported pursuant to S.943.0585 F.S.

➔ **PLEASE CHECK ONE:** YES NO A "NO" check means "NO" to every statement above.

Where Arrested: _____ Dates(s): _____ Nature of Charge(s): _____

Disposition: _____

If YES, principal approval will be required Approved Not Approved, Principal _____

By signing, I agree to abide by the policies and/or procedures of the Alachua County Public Schools Volunteer Program, and of the individual school in which I serve. I understand that the program reserves the right not to place me or to discontinue the use of my services as a volunteer.

➔ **VOLUNTEER APPLICANT SIGNATURE** Signature Date: 1/1/12

I am interested in the following volunteer placements:

- | | | |
|---|--|---|
| <input type="checkbox"/> After School Gators | <input type="checkbox"/> Clinic | <input type="checkbox"/> SAC |
| <input type="checkbox"/> Athletic Coach | <input type="checkbox"/> EDEP | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Booster Club | <input type="checkbox"/> Exceptional Ed. (ESE) Subject _____ | <input type="checkbox"/> Work @ Home |
| <input checked="" type="checkbox"/> Chaperone | <input type="checkbox"/> Foster Grandparent | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Media Center | |
| <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> PTA/PTSA/PTO | |

Mentoring Programs*

- Americorps
 - BB/BS
 - CHAMPS
 - CROP
 - Rockin' Reader
 - Take Stock in Children
 - Teen Trendsetters
- (X) only if enrolled

I am available: M T W Th F Times: _____

List career/volunteer experiences, talents, skills or hobbies: _____

Do you have children attending this school? Yes No Relationship to child: Mother Father Grandparent Other

Child(ren) Name(s): _____

Teacher(s)/Grade(s): _____

I am a student at: _____ If volunteering for a class requirement, indicate the following:
Professor's Name: _____ Course #: _____ Total Hours Required: _____

OFFICIAL USE ONLY: Law Enforcement Background Check: Date: _____ Confirmed by: _____

Orientation Date: _____ Placement: _____

Supervising Teacher: _____