

DISTRICT USE ONLY

Additional Screening:

Disposition :

Approved Disapproved

Conditions _____

Signature _____

THE SCHOOL BOARD OF MARION COUNTY, FLORIDA

Items with an asterisk (*) are required. Please print legibly using black or blue ink only, or type.

VOLUNTEER APPLICATION. This application page is a Public Record subject to disclosure pursuant to Chapter 119 FS.

*Year _____ *SCHOOL _____ Volunteer Coordinator _____

PLEASE PRINT *Driver License # _____ Passport/Visa ID/FL ID # _____

*Last Name _____ *First Name _____ *Maiden Name _____

*Phone _____ *DOB _____ *Address _____ *City _____ *State _____

*Zip _____ *Gender: Male Female

Other languages spoken _____ Email: _____

*Emergency Contact Person: _____ *Relationship: _____ *Phone: _____

Relationship to Student: Parent Step-Parent Legal Guardian Grandparent Other

Volunteer Job Preference: Grade Level _____ Days Available: M___ T___ W___ TH___ F___ AM___ PM___
Classroom___ Office___ Clinic___ Library___ Field Trips___ Advisory Board___ Sports___
School Committees___

Individual identifying information required to process sexual offender/predator check.

Ethnicity: White___ Black___ Hispanic___ Asian___ Multiracial___ American Indian/Alaskan Native___
Pacific Islander___ Other___

CONFIDENTIALITY OF STUDENT RECORDS

Portions of a student's record, which include the following, are confidential: (Florida 1002.22)

- | | |
|---|--|
| Academic work completed | Student identifying data (social security number) |
| Grades | Teacher ratings and observations |
| Standardized test scores, including academic, intelligence, Aptitude, and psychological tests | Counselor ratings and observations |
| Attendance records | Verified report of serious or recurrent behavior pattern |
| Interest inventory reports | Family background information |
| Health data | |

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 consequences 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 injudication.

I HAVE READ THE ABOVE AND WILL AGREE TO COMPLY WITH THESE STATUTES.

**SIGNATURE OF VOLUNTEER* _____ **Date* _____

PLEASE COMPLETE THE SCREENING PORTION ON PAGE 2.

*~An Equal Opportunity School District~
Drug Free Workplace*

SCREENING: *The information on this side is not Public Record*

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

Pursuant to 1012.32 FL Statute (2008), 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 112.011, FL Statute (2007), 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).

YOU ARE REQUIRED TO DISCLOSE this information even if you have been told differently by a lawyer, judge, or other third party of law enforcement individuals. All criminal histories must be provided regardless of the number of years since the arrest.

*Social Security _____

*Place of Birth(City/State/Country) _____

*Have you ever been convicted of, had adjudication withheld in, pled nolo contendere (no contest) to, completed a pre-trial intervention program or been found guilty (as a juvenile and/or an adult) of a felony offense? (DUI and DUI convictions must be reported) Yes No

*Have you ever been convicted of, had adjudication withheld in, pled nolo contendere (no contest) to, completed a pre-trial intervention program or been found guilty (as a juvenile and/or an adult) of a misdemeanor offense? (DUI and DUI convictions must be reported) Yes No

*Are there currently any criminal charges pending against you? Yes No

If answer is "yes" to any of the above screening questions, please provide details below. **Attach separate sheet if additional space is needed.**

Date (mm/yyyy)	County, State, Country	Nature of Charge	Level of Offense	Disposition

I hereby consent to the release of my adult and/or 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. I also consent that I have reviewed all information provided and all is true and correct to the best of my knowledge.

*SIGNATURE OF VOLUNTEER _____ *DATE _____

Interview/Orientation ____/____/____ Placement (Area/Teacher) _____

Signature of Volunteer Coordinator: _____ Date: _____

Vol. Coordinator has checked <http://offender.fdle.state.fl.us/offender/homepage.do> Vol. Coordinator MUST Initial here _____

Signature of Principal: _____ Date: _____

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