## 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)\_\_\_\_\_ Teacher Names (s): \_\_\_\_\_\_ I would prefer to work with grade(s): (circle all that apply) Κ 3 4 5 7 8 9 10 11 12 \_\_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. I am available: Mornings Afternoons are Best Does Not Matter I am available: 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 \_\_\_\_ Parents \_\_\_\_ Other \_\_\_\_ Military 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 \_\_\_\_\_ 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)		
consideration	on. Howe	ver	must be answered truthful , Santa Rosa County Scho , expense prior to your ap	ool Board reserves th				
Yes □	No □	1.	Have you ever been con (DUI and DWI conviction				tion?	
Yes □	No □	2.	Have you ever been four	· · · · · · · · · · · · · · · · · · ·	-	,		
Yes □	No □	3.	3. Have you ever entered a nolo contendre or no contest plea?					
Yes □	No □	4.	4. Have you ever had adjudication withheld in a criminal offense?					
Yes □	No □	5.	5. Have you ever entered a pre-trial intervention program for a misdemeanor or felony charge?					
Yes □	No □	6.	6. Are there criminal charges currently pending against you?					
Yes □	No □	7.	Have you ever been place criminal proceeding?	ed on court-ordered	probation, i	imprisoned, or jaile	ed in a	
Yes □	No □	8.	Have you ever failed to a	appear in court or for	feited bond	in a criminal proce	eding?	
Yes □	No □	9.	Have you ever been conframilies or a similar age		•	Department of Chi	dren and	
	space or		to any of the questions another page if extra spa	ace is needed:		·	the	
Arresting Agency:								
Date of Arre	est:							
Offense:								
further cert misreprese reserves th	ifies that intation of e right to	ther inf requ	nt, I certify that all informe is no falsification of any ormation requested. I a uest that I be fingerprinted	/ information, omissi lso understand that at my own expense	ion of any in the Santa prior to par	nformation reques Rosa County Sc ticipation as a volu	ted, or any hool Board unteer.	
	requeste	d w	tify that I know, undersi Il result in my name being					
Application Signature					<u></u>	Date		

For Office Use Only: