



LEON SCHOOL VOLUNTEER PROGRAM

2757 W. Pensacola Street, Tallahassee, FL 32304
 Phone: 850-487-7800 ❖ FAX: 850-487-7850
 Website: www.leonschools.net

Volunteer Application 2011- 2012

National Sexual Offender/Predator Check Processed By: Employee PID# + Initials	Date

We are delighted to process your application to volunteer with **Leon County Schools!** Completion of this form is **required annually** for a volunteer to be eligible for volunteer placement and Worker's Compensation coverage for accidents which occur while performing assigned school volunteer activities. **Thank you** for offering your time, talents and skills to enhance the education of our students!

➔ Please PRINT clearly. Date _____ Volunteer Site _____
 (Name of School/Program where you will be volunteering)

Name _____
 First _____ Middle Initial _____ Last _____

Mailing Address _____
 Apt. # _____
 City _____ State _____ Zip _____

Phone(s) Home () _____ Work () _____
 Cell () _____ E-Mail Address _____

Birthdate ____/____/____ Gender Female Male Age Range Under 21 21- 61 62+
 Month Day Year

➔ Emergency Contact: Name _____ Phone () _____

Are you a parent/guardian/family member of (a) student(s) in this school? Yes No

If YES, please list their name(s) and grade(s): _____

Are you affiliated with a **business, agency or organization** that would like to assist this school by joining their **Partners for Excellence Program**? Yes No

If YES, please list the business/agency/organization in this space _____

Would you like to serve as a weekly **Mentor** (30 minutes - 1 hour) for one struggling student? Yes No

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

Please check (✓) the **day(s)** you are available to volunteer.

Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>
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Please list which **time(s)** are best for you to volunteer.

➔ **Security/Background:** Completion of this section **is required** in order for this form to be **processed** by Leon County Schools.

Have you ever been **convicted** of a felony related to violence? Yes No

Have you ever been **convicted** of a felony related to weapon charges? Yes No

Have you ever been **convicted** of a felony related to crimes against/involving children? Yes No

If you checked **YES** to any of the above questions, please provide an explanation of the charges below, **including disposition**. In addition, this volunteer application will need to be **reviewed** and **approved** by Leon County Schools District Office **before** volunteer service can begin. Explanation of Charges: (Use back of form, if needed) _____

❖ IMPORTANT VOLUNTEER POLICIES AND GUIDELINES ❖

- All volunteers **must** sign in at the school office **before** proceeding to their volunteer assignment.
- Volunteers **may not** dispense any medications (prescription or over-the-counter) to students.
- Volunteers **may not** administer any form of corporal (physical) punishment to students.
- Volunteers **must** respect a student's right to confidentiality (Florida Statute 1002.22) including the following areas: standardized test scores, grades, attendance records, health information, academic work completed, family background information, reports of serious behavior patterns and written teacher observations.
- School Board Policy 2.021 Criminal Background and Employment, 13b, requires that a **National Sexual Offender/Predator Check** be processed on **all** school volunteers.

By signing this application, I agree to abide by the policies and/or procedures of the School Board of Leon County, Florida, of the Leon School Volunteer Program and of the individual school in which I serve. I understand that Leon County Schools reserves the right to accept, decline or discontinue the services of any volunteer.

➔ VOLUNTEER APPLICANT SIGNATURE (required) _____ Date _____

Important Note: Volunteer Applications should be returned to your school's office within five (5) days of completion.
 Distribution: Original - Leon School Volunteer Office Copy - Local School File

IS/V-1—Expires Annually
Must be renewed each year
 (Revised 7/18/2011)