



Volusia County Schools Application to Volunteer

Volunteer/Partnership Programs Dept.

EDC @ Atlantic • 1250-A Reed Canal Road • Port Orange, FL 32129
(386) 255-6475, 427-5223, 734-7190, or 860-3322, ext. 38379



PLEASE READ BEFORE COMPLETING.

We are delighted to process this application to volunteer/chaperone with the *Volunteers in Public Schools* program. Please complete this application accurately and completely. **Be aware that a background check will be performed.** We provide this service 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. Your school will be notified when your application has been processed. Thank you for offering your time, talents and skills to enhance the education of our students.

PLEASE PRINT. → PREFERRED SCHOOL(S): _____

SOC. SEC. #: _____ Mr. Mrs. Ms. Dr.

NAME: _____
LAST FIRST M.I.

MAILING ADDRESS: _____
STREET CITY ZIP

HOME PHONE: (____) _____ WORK PHONE: (____) _____

E-MAIL ADDRESS (optional): _____ VCSB EMPLOYEE: YES NO

DRIVER'S LICENSE: _____ DATE OF BIRTH: _____
STATE NUMBER MONTH/DAY/YEAR

I have been a volunteer for ____ years. Emergency contact: _____ (____) _____
NAME PHONE

I am interested in the following volunteer placements:

<input type="checkbox"/> Athletic Coach - (High Sch. Only, Fingerprinting Req.)	<input type="checkbox"/> Field Trips - Day	<input type="checkbox"/> Music/Band	<input type="checkbox"/> Speakers' Bureau - Subject: _____
<input type="checkbox"/> Art	<input type="checkbox"/> Field Trips - Overnight	<input type="checkbox"/> PTA/PTSA	<input type="checkbox"/> Tutor - Subject: _____
<input type="checkbox"/> Classroom	<input type="checkbox"/> Health Room	<input type="checkbox"/> Physical Ed	<input type="checkbox"/> VIPs Tutor – Primary Reading ★
<input type="checkbox"/> Clerical	<input type="checkbox"/> Junior Achievement	<input type="checkbox"/> Reading Programs	<input type="checkbox"/> Youth Motivator – Mentor ★
<input type="checkbox"/> Exceptional Ed (ESE)	<input type="checkbox"/> Media Center	<input type="checkbox"/> School Advisory Council	<input type="checkbox"/> Other: _____

I am available: M T W TH F Times: _____ * **Training Required**

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 college student applying for volunteer service to meet criteria of a curriculum requirement.
College Name: _____ Professor's Name: _____ Course #: _____

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.

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

Failure to answer these questions accurately could result in your being ineligible (to volunteer) with the School District of Volusia County. A yes or no answer is required. If you check the yes box, please indicate below or on a separate sheet: date(s) of arrest, where arrested, nature of charge(s) and disposition(s) for each charge. It is a misdemeanor of the first degree for any person willfully, knowingly, or intentionally to fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment a material fact used in making a determination as to such person's qualifications for a position of special trust. Please note: If you are in doubt as to whether or not you need to report a charge, please call the Professional Standards Office at (386) 734-7190, extension 20262.

WHERE ARRESTED: _____ DATE(S): _____ NATURE OF CHARGE(S): _____

DISPOSITION: _____

By signing, I agree to abide by the policies and/or procedures of the School Board of Volusia County, Florida, of the Volunteers in Public Schools 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:** _____ **DATE:** _____