



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 2009-2010

IS/V-1—Expires Annually
Must be renewed each year
(Revised 8/2009)

National Sexual Offender/Predator Check Processed By:	Date

We are delighted to process this application to volunteer with **Leon County Schools!** Completion of this application is **required** for a volunteer to be eligible for volunteer placement and insurance coverage for accidents which occur while performing assigned school volunteer activities.

Please press hard & print clearly

Date _____ Volunteer Site _____
(Name of School or Program)

Name _____
First Middle Last

Mailing Address _____
Apt. # _____

City State Zip

Phone(s) Home () _____ Work () _____

Cell () _____ E-Mail Address _____

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

Month Day Year

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

If you have children attending this school, please list their name(s) and grade(s) below:

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 be a trained **Mentor** for a struggling student? Yes No

Are you currently a **college/university student**? Yes No If yes, where? _____

Are you **required** to do volunteer service as part of a college/university class? Yes No

If **YES**, please list the **Name/Number of the Class and the Professor** here _____

Which day(s) are you available to volunteer? Mon Tues Wed Thurs Fri

Which time(s) are best for you? _____

Emergency Contact Name _____ Phone () _____

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.

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** _____ **Date** _____

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