

Leon School Volunteers
 Supporting
 Leon County Schools
 since 1969



Website: www.leon.k12.fl.us

Volunteer Application

Sexual Predator Check Processed By:	Date

PART A. (REQUIRED) (Please print clearly and press hard.) Completion of Part A on this form is required for a volunteer to be eligible for volunteer placement and insurance coverage for accidents which occur while performing assigned school volunteer activities. Leon County Schools reserves the right to accept, decline or discontinue the services of any volunteer.

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

Name _____
 (First) (Middle Initial) (Last)

Address _____

City/State _____ Zip _____

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

E-mail Address (optional) _____

Emergency Contact (Name) _____ (Phone) _____

Birthdate ____/____/____ (Circle answers) Sex (M) (F) Age Range (Under 21) (21-61) (62+)
 month day year

Type of volunteer (Check all that apply) Parent ___ Grandparent ___ Other _____
 State, County or University Employee ___ (If yes, where?) _____

Are you a student? No ___ Yes ___ If yes, where? _____

Are you required to do volunteer service as part of a class? No ___ Yes ___ If yes, please list the name of your instructor and the class you are taking _____

Have you served as a school volunteer before? No ___ Yes ___ Where? _____

❖ **Important Volunteer Policies and Guidelines** ❖

- All volunteers must complete a new Volunteer Application each year.
- All volunteers must sign in at the school office before proceeding to their volunteer assignment.
- Volunteers may not dispense either prescription or over-the-counter medications 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, requires that a Sexual Predator Check be processed on all school volunteers.

As a volunteer, 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.

Signature of Applicant _____ Date _____

PART B. (OPTIONAL) VOLUNTEER INFORMATION

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

Job Categories: (Check all areas that interest you) Classroom Assistant ___ Mentor/Tutor ___ Media Center ___
 Art ___ Reading ___ Math ___ Computer ___ Music ___ Science ___ History ___ Fund-raising ___ Clerical ___

Grade Level(s) Preferred: (K-2) ___ (3-5) ___ (6-8) ___ (9-12) ___ Adult/Community Ed. ___

Are you willing to serve as an occasional Classroom Resource Speaker? No ___ Yes ___ If yes, please specify your selected topic(s), such as career, special talents, foreign language, travel experience, collections, skills or hobbies _____

APPROXIMATE
 DAYS & TIMES
 I AM AVAILABLE
 TO VOLUNTEER

	MON	TUES	WED	THURS	FRI
a.m.					
p.m.					

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