



Volunteer Application

Taylor County School District

Last Name _____ First Name _____ MI _____

Mailing Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____ Date of Birth _____

Do you have any health or physical limitations or restrictions? Yes _____ No _____
If yes, please explain. _____

What languages, other than English, do you speak fluently? _____

Please provide two (2) references.

Name	Address	Telephone	Position

Type(s) of volunteer work preferred _____

Preferred school(s) _____ Preferred Grade Level _____

Are you a parent or legal guardian at this school? Yes _____ No _____ Grade(s) _____

Student name(s) _____

What days and times will you be able to assist our students? _____

FOR THE SAFETY AND PROTECTION OF OUR STUDENTS, A BACKGROUND CHECK MAY BE DONE ON PERSONS WHO PARTICIPATE IN STUDENT CONTACT ACTIVITIES.

Being convicted of a crime or having adjudication withheld will not necessarily prohibit you from being approved as a volunteer. All factors regarding the incident will be taken into consideration in determining your suitability or specific assignment. If approved, the misrepresentation of any of this information will result in your termination as a volunteer in Taylor County Schools. A copy of your driver's license will be made and filed with this application. I understand that such information may be utilized in determining my suitability as a volunteer.

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation; or are there any criminal charges now pending against you other than a minor traffic violation? (DUI is not considered a minor traffic violation and must be listed.) **A YES OR NO ANSWER IS REQUIRED BY FLORIDA LAW.** You must acknowledge the existence of any criminal or delinquency record regardless of whether the decision was withheld or dismissed by the court and regardless of whether or not those records have been sealed or expunged. If you check the YES box, you must give complete information for each charge below.

PLEASE CHECK ONE: YES _____ NO _____ (Attach additional pages if necessary)

City Where Arrested	State	Date Arrested	Charges	Disposition(s)

I understand that I am offering my services to the Taylor County Schools without compensation. I certify all information given on this application is true and complete. I understand any misrepresentation, omission, or incorrect statement of fact given by me in this application is cause for my immediate dismissal as a volunteer. I agree, if I am a volunteer, to abide by all School Board rules, regulations, and policies, either published or in effect by usage, and all rules, regulations and laws of the State of Florida, the Florida State Board of Education, and the Taylor County School Board.

SIGNATURE X _____ DATE _____

THE INFORMATION IN THIS APPLICATION BECOMES PUBLIC RECORD UPON RECEIPT.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or disability.