



Alachua County Public Schools
Application to Volunteer



PLEASE READ BEFORE COMPLETING

School Volunteer Programs 2802 NE 8 Avenue Gainesville, FL 32641
352-955-7250, ext. 252-Phone 844-828-3505-Fax

We are delighted to process this application to volunteer with the Alachua County Public Schools. Please complete this application accurately and completely. Be aware that a check of the FDLE Sexual Predator web site will be performed. We do this to comply with state law and to maximize the safety of our students.

Please Type or Print School Volunteering In:
Female Male Date of Birth: Month/Day/Year
Name: Last First Middle
Mailing Address: Street City State (Abr.) Zip
Phone: Home Work Email: Yes No School Board Employee
Indicate your age group: Under 21 21-61 62+
Occupation: Employer:
Racial Category: White, Non-Hispanic Black, Non-Hispanic Hispanic Asian Multiracial Native American
I have been a volunteer for years.
Emergency contact: Phone:

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), entered into a deferred prosecution or pre-trial diversion 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.
County & State Arrested: Dates(s):
Nature of Charges: Name at Time of Charges:
Disposition:
If YES, district and principal approval will be required Approved Not Approved, Principal

By signing, I agree to abide by the policies and/or procedures of the Alachua County Public Schools Volunteer 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:

I am interested in the following volunteer placements:
After School Gators Athletic Coach Booster Club Chaperone Classroom Clerical/Office
Clinic EDEP Exceptional Ed. (ESE) Foster Grandparent Media Center PTA/PTSA/PTO
Parent Academy SAC Speaker's Bureau Subject: Work @ Home Other
Mentoring Programs*
BB/BS CHAMPS NPPC Mentor Parent Emissary Mentors Take Stock in Children Teen Trendsetters Other:
(X) only if enrolled
I am available: M T W Th F Times:
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 student at: If volunteering for a class requirement, indicate the following.
Professor's Name: Course #: Total Hours Required:

OFFICIAL USE ONLY: Law Enforcement Background Check: Date: Confirmed by:
Orientation Date: Placement:
Supervising Teacher: