



# Alachua County Public Schools Application to Volunteer



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

**PLEASE  
READ  
BEFORE  
COMPLETING**

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. You may submit this application to the school of your choice or to the district office at the address above for processing. You must fill out a new application each year. Thank you for offering your time, talents and skills to enhance the education of our students.

<b>Please Type or Print</b> School Volunteering In: _____			
<input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth: _____	
Month/Day/Year			
Name: _____			
Last		First	Middle
Mailing Address: _____			
Street		City	State (Abr.)
		Zip	
Phone: _____		Email: _____	
Home		Work	
Indicate your age group: Under 21 <input type="checkbox"/> 21-61 <input type="checkbox"/> 62+ <input type="checkbox"/>			
Occupation: _____		Employer: _____	
Racial Category: White, Non-Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American <input type="checkbox"/>			
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.			
➔ <b>PLEASE CHECK ONE:</b> <input type="checkbox"/> YES <input type="checkbox"/> 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 <b>YES</b> , district and principal approval will be required <input type="checkbox"/> Approved <input type="checkbox"/> 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.			
➔ <b>VOLUNTEER APPLICANT SIGNATURE</b> _____			Date: _____
<b>I am interested in the following volunteer placements:</b>			<b>Mentoring Programs*</b>
<input type="checkbox"/> After School Gators	<input type="checkbox"/> Clinic	<input type="checkbox"/> Parent Academy	<input type="checkbox"/> BB/BS
<input type="checkbox"/> Athletic Coach	<input type="checkbox"/> EDEP	<input type="checkbox"/> SAC	<input type="checkbox"/> CHAMPS
<input type="checkbox"/> Booster Club	<input type="checkbox"/> Exceptional Ed. (ESE)	<input type="checkbox"/> Speaker's Bureau	<input type="checkbox"/> NPPC Mentor
<input type="checkbox"/> Chaperone	<input type="checkbox"/> Foster Grandparent	Subject: _____	<input type="checkbox"/> Parent Emissary Mentors
<input type="checkbox"/> Classroom	<input type="checkbox"/> Media Center	<input type="checkbox"/> Work @ Home	<input type="checkbox"/> Take Stock in Children
<input type="checkbox"/> Clerical/Office	<input type="checkbox"/> PTA/PTSA/PTO	<input type="checkbox"/> Other _____	<input type="checkbox"/> Teen Trendsetters
I am available: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Times: _____			<input type="checkbox"/> Other: _____
List career/volunteer experiences, talents, skills or hobbies: _____			(X) <i>only if enrolled</i>
Do you have children attending this school? Yes <input type="checkbox"/> No <input type="checkbox"/> Relationship to child: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other <input type="checkbox"/>			
Child(ren) Name(s): _____			
Teacher(s)/Grade(s): _____			
<input type="checkbox"/> <b>I am a student at:</b> _____ <i>If volunteering for a class requirement, indicate the following.</i>			
Professor's Name: _____		Course #: _____ Total Hours Required: _____	
<b>OFFICIAL USE ONLY:</b> Law Enforcement Background Check: Date: _____ Confirmed by: _____			
Orientation Date: _____		Placement: _____	
Supervising Teacher: _____			