



Franklin County
School District

Application to Volunteer 2023-

2024

Franklin County Public Schools
85 School Rd. Eastpoint, Florida 32328

Thank you for your interest in being a volunteer! Please complete this form before returning. Application must be returned to Laurel Fry, HR Dept at the Franklin County District Office or emailed lfry@fcsdfl.org.

Print/Type	Name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	First MI Last		
Mailing Address: _____	<input type="checkbox"/> Over 18 yrs. old		
	Street City State Zip		
Phone: (____) _____	Email: _____	Second Language _____	
	Primary		
Driver's License: FL _____	or Passport/State ID: _____		
	State Number Expiration Date Number		

***Applicants MUST attach a photocopy of his/her Driver's License or State Photo ID**

I am interested in the following volunteer placements:

(Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> K-2 Classroom | <input type="checkbox"/> Library/Media Center | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> 3-5 Classroom | <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> High School |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Pre-K | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Elem. PE | <input type="checkbox"/> Coaching* | <input type="checkbox"/> Mentor* _____ |
| <input type="checkbox"/> Elem. Art | <input type="checkbox"/> PTA/PTO | <input type="checkbox"/> Other _____ |

List career experience, talents, skills, hobbies, or activities of interest:

*Volunteers must complete training for identifying and Reporting Child Abuse and Neglect @ <https://fl-dcf.org/RCAAN/>

*If you are volunteering to coach, please provide the AD with proper forms

*Mentors will need to complete additional training scheduled with the Take Stock in Children Coordinator.

*Short Term is for special events that do not repeat throughout the year such as book fair, open house, literacy week, etc.

I am available: M ☐ T ☐ W ☐ TH ☐ F ☐ Times: _____ Short term* (1-3 wks) ☐ Long term (+4 wks)

Relationship to Child(ren): ☐ Parent ☐ Legal Guardian ☐ Grandparent ☐ Community Member ☐ Other _____

Confidentiality of Student Records

The following portions of a student's record are confidential pursuant to Florida Statute 1002.22

- | | |
|--|---|
| <ul style="list-style-type: none"> Completed academic work Grades Standardized test scores, including academic, Intelligence, aptitude, and psychological tests Attendance records | <ul style="list-style-type: none"> Health data Student identifying data Teacher rating & observations Interest inventory reports Counselor rating/observations Discipline reports or information Family background information |
|--|---|

Volunteers must comply with Florida Statute requirements in regard to a child's privacy rights. The above items and anything else dealing with personal information about the student, are not to be discussed with anyone other than the teacher with whom the volunteer works, the counselor at the school, or the principal. Failure to respect these privacy rights has legal consequences. Florida Statute also specifies that parents of a child whose privacy rights are not respected have a right to court action to enforce the violated right by injunction.



I HAVE READ THE ABOVE AND WILL AGREE TO COMPLY WITH THESE STATUTES.

VOLUNTEER APPLICANT SIGNATURE: _____

DATE: _____

An Equal Opportunity School District and Drug-Free Workplace

BACKGROUND SCREENING

****Applicant must attach a photocopy of his/her Driver's License or State ID****

Please note that the information on this side of the volunteer form is not subject to Public Record.

All volunteer candidates with the Franklin County Public Schools are subject to a criminal history check. In Florida, the entire arrest record is revealed to school districts, including sealed and/or expunged records and military court proceedings. Applicants must disclose this information even if told differently by a lawyer, judge, or other law enforcement individual. If you were given this information by a judge then written documentation will need to be provided to the FCSD. Information that must be disclosed below includes any offense that occurred whether as a juvenile or adult. Eligibility to volunteer will be determined in accordance with Florida Statute 435.04 and 943.04351 (2015). Prior criminal records may or may not result in disqualification for volunteering.

An applicant's criminal history includes any offense for which the applicant posted bail; entered a pre-trial diversion program, pre-trial intervention program, teen or drug court or juvenile program; had adjudication withheld; was convicted or found guilty; was placed on probation; pled guilty or no contest; was jailed or imprisoned; or appeared in court as a juvenile or adult. Sealed records, expunged records or military court proceedings must be disclosed. *Note: DUI and reckless driving are criminal offenses.*

All criminal histories must be provided regardless of the number of years since the arrest.

Social Security Number _____ Place of Birth (City/State/Country) _____

☐ Yes ☐ No Have you ever been convicted of, had adjudication withheld in, pled nolo contendere (no contest) to, completed a pre-trial intervention program or been found guilty (*as a juvenile and/or an adult*) of a felony offense? (DUI and DUI Convictions must be reported.)

☐ Yes ☐ No Have you ever been convicted of, had adjudication withheld in, pled non contendere (no contest) to, completed a pre-trial intervention program or been found guilty (*as a juvenile and/or an adult*) of a misdemeanor offense?

☐ Yes ☐ No Are there currently any criminal charges pending against you?

☐ Yes ☐ No Are you currently in a pretrial diversion/intervention program or currently serving parole or probation?

If you answered "yes" to any of the questions above, please provide details below. Attach separate sheet if needed.

I hereby consent to the release of my adult and/or juvenile delinquency records (if any) to the School Board of Franklin County, Florida and further agree that if any misrepresentation has been made by me, any offer of volunteer service may be withdrawn or my volunteer service terminated immediately without any obligation or liability to me. I also consent that I have reviewed all information provided and all is true and correct to the best of my knowledge. *NOTE: If you are considered eligible for volunteering under the above guidelines, this eligibility does not guarantee volunteer placement/or employment with FCSD.*

VOLUNTEER SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY

Placement Area _____

Placement Supervisor Signature _____