



Franklin County School District

Application to Volunteer 20%+!

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

Thank you for your interest in becoming a volunteer! Please complete this application accurately and entirely. Application must be returned to the HR Dept. at the Franklin County District Office or emailed to Allison Chipman @achipman@franklin.k12.fl.us. We appreciate you offering your time, talents, and skills to enhance the education of our students.

OFFICIAL USE ONLY

Approved Disapproved

Conditions: _____

Signature: _____

Please Print/Type Name: _____ Male Female
First MI Last

Mailing Address: _____ Over 18 yrs. old
Street City State Zip

Phone: (____) _____ Email: _____ Second Language _____
Primary Optional

Driver's License: _____ 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"/> M/S Classroom |
| <input type="checkbox"/> 3-5 Classroom | <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> H/S Classroom |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Pre-K | <input type="checkbox"/> Academy Program _____ |
| <input type="checkbox"/> Elem. PE | <input type="checkbox"/> Coaching* | <input type="checkbox"/> u V _____ |
| <input type="checkbox"/> Elem. Art | <input type="checkbox"/> PTA/PTO | <input type="checkbox"/> U _____ |

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

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

I am available: M T W TH F Times: _____ Short term (2-4 wks) Long term (+4 wks)

Relationship to Child(ren) : Parent Step-parent Legal Guardian Grandparent other: _____

Confidentiality of Student Records

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

- | | |
|---|-------------------------------------|
| • Completed academic work | • Health data |
| • Grades | • Student identifying data |
| • Standardized test scores, including academic, Intelligence, aptitude, and psychological tests | • Teacher rating & observations |
| • Attendance records | • 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: _____

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.

| Date (mm/yyyy) | County, State, Country | Nature of Charge | Level of Offense | Disposition |
|----------------|------------------------|------------------|------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

_____ **Volunteer Coordinator has verified background (Coordinator must initial)**

Interview/Orientation Date: _____ Placement (Area/Supervisor) _____

Volunteer Coordinator Signature: _____ Date: _____

Principal Signature: _____ Date: _____