



# Alachua County Public Schools Application to Volunteer



School Volunteer Programs ✎ 1725 SE 1 Avenue ✎ Gainesville, FL 32641  
352-955-6760-Phone ✎ 352-955-7240-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.

**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 intervention 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 pursuant to S.943.0585 F.S.

➔ **PLEASE CHECK ONE:**  YES  NO A "NO" check means "NO" to every statement above.

Where Arrested: \_\_\_\_\_ Dates(s): \_\_\_\_\_ Nature of Charges(s): \_\_\_\_\_

Disposition: \_\_\_\_\_

If YES, 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:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> After School Gators | <input type="checkbox"/> Clinic                | <input type="checkbox"/> SAC              |
| <input type="checkbox"/> Athletic Coach      | <input type="checkbox"/> EDEP                  | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Booster Club        | <input type="checkbox"/> Exceptional Ed. (ESE) | <input type="checkbox"/> Subject _____    |
| <input type="checkbox"/> Chaperone           | <input type="checkbox"/> Foster Grandparent    | <input type="checkbox"/> Work @ Home      |
| <input type="checkbox"/> Classroom           | <input type="checkbox"/> Media Center          | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Clerical/Office     | <input type="checkbox"/> PTA/PTSA/PTO          |   |

**Mentoring Programs\***

- Americorps
  - BB/BS
  - CHAMPS
  - CROP
  - Rockin' Reader
  - Take Stock in Children
  - Teen Trendsetters
- (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: \_\_\_\_\_