



# LEON SCHOOL VOLUNTEER PROGRAM

Bloxham Building, Second Floor - Room 206  
 725 South Calhoun Street, Tallahassee, FL 32301  
 Phone: (850) 487-7800 ❖ FAX: (850) 487- 0443  
 Website: www.leonschools.net

## Volunteer Application 2012 - 2013

National Sexual Offender/Predator Check Processed By:	Date
Employee PID# + Initials	

We are delighted to process your application to volunteer with **Leon County Schools!** Completion of this form is **required annually** for a volunteer to be eligible for volunteer placement and Worker's Compensation coverage for accidents which occur while performing assigned school volunteer activities. **Thank you** for offering your time, talents and skills to enhance the education of our students!

→ **Please PRINT clearly.**      Date \_\_\_\_\_ Volunteer Site \_\_\_\_\_  
 (Name of School/Program where you will be volunteering)

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_  
 Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_  
 Cell (    ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender Female  Male  Age Range Under 21  21- 61  62+   
 Month Day Year

→ **Emergency Contact:** Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
 Are you a parent/guardian/family member of (a) student(s) in this school? Yes  No   
 If YES, please list their name(s) and grade(s): \_\_\_\_\_

Are you affiliated with a **business, agency or organization** that would like to assist this school by joining their **Partners for Excellence Program?** Yes  No   
 If YES, please list the business/agency/organization in this space \_\_\_\_\_

Would you like to serve as a weekly **Mentor** (30 minutes - 1 hour) for one struggling student? Yes  No   
 I am a **student at** \_\_\_\_\_ If volunteering for a class requirement, indicate the following:

**Professor's Name** \_\_\_\_\_ **Course Number** \_\_\_\_\_ **Total Hours Required** \_\_\_\_\_

Please <b>check (✓)</b> the <b>day(s)</b> you are available to volunteer.	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>
Please <b>list</b> which <b>time(s)</b> are best for you to volunteer.					

→ **Security/Background:** Completion of this section **is required** in order for this form to be **processed** by Leon County Schools.  
 Have you ever been **convicted** of a felony related to violence? Yes  No   
 Have you ever been **convicted** of a felony related to weapon charges? Yes  No   
 Have you ever been **convicted** of a felony related to crimes against/involving children? Yes  No   
 If you checked "YES" to any of the above questions, please provide an explanation of the charges below, **including disposition**. In addition, this volunteer application will need to be **reviewed** and **approved** by Leon County Schools District Office **before** volunteer service can begin. Explanation of Charges: (Use back of form, if needed) \_\_\_\_\_

### ❖ IMPORTANT VOLUNTEER POLICIES AND GUIDELINES ❖

- All volunteers **must** sign in at the school office **before** proceeding to their volunteer assignment.
- Volunteers **may not** dispense any medications (prescription or over-the-counter) to students.
- Volunteers **may not** administer any form of corporal (physical) punishment to students.
- Volunteers **must** respect a student's right to confidentiality (Florida Statute 1002.22) including the following areas: standardized test scores, grades, attendance records, health information, academic work completed, family background information, reports of serious behavior patterns and written teacher observations.
- School Board Policy 2.021 Criminal Background and Employment, 13b, requires that a **National Sexual Offender/Predator Check** be processed on **all** school volunteers.

By signing this application, I agree to abide by the policies and/or procedures of the School Board of Leon County, Florida, of the Leon School Volunteer Program and of the individual school in which I serve. I understand that Leon County Schools reserves the right to accept, decline or discontinue the services of any volunteer.

→ **VOLUNTEER APPLICANT SIGNATURE (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Important Note:** Volunteer Applications should be returned to your school's office within five (5) days of completion.

**Distribution:** Original - Leon School Volunteer Office

Copy - Local School File

IS/V-1—Expires Annually  
**Must be renewed each year**  
 (Revised 8/02/2012)