

# APPLICATION TO VOLUNTEER

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FRS (800) 955-8770 • (800) 955-8771 (TTY)

Current School Year: \_\_\_\_\_

Thank you for applying to volunteer! Please complete this application completely and entirely. Be aware that a check of the *Dru Sjodin National Sexual Offender Public Website* will be performed to ensure the safety of our students. You may submit this application to the school or department of your choice and must complete a new one each year. We appreciate you offering your time, talents, and skills to enhance the education of our students.

**OFFICIAL USE ONLY**

Additional Screening: \_\_\_\_\_

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

Approved  Disapproved

Conditions: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Print/Type** School/Department: \_\_\_\_\_ Volunteer Coordinator: \_\_\_\_\_

DOB: \_\_\_\_\_  Male  Female I have volunteered for \_\_\_\_\_ years. Other Languages Spoken: \_\_\_\_\_  
Month/Day/Year

Name: \_\_\_\_\_  
LAST FIRST M.I. MAIDEN NAME

Physical Address (No PO BOX): \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ MCSB Employee:  Yes  No  
PRIMARY SECONDARY OPTIONAL

Ethnicity (Required to check sexual offender/predator website):  White, Non-Hispanic  Black, Non-Hispanic  Hispanic  
 Multiracial  Asian/Pacific Islander  Native American/Native Alaskan  Other: \_\_\_\_\_

Driver's License: \_\_\_\_\_ or Passport/VISA ID/FL ID: \_\_\_\_\_  
STATE NUMBER EXPIRATION DATE NUMBER

Emergency Contact: \_\_\_\_\_  
NAME RELATIONSHIP PRIMARY PHONE NUMBER

\*Applicant MUST attach a photocopy of his or her Driver's License or State Photo ID. Military:  Yes  No

**I am interested in the following volunteer placements:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Classrooms      | <input type="checkbox"/> Field Trips           | <input type="checkbox"/> School Committees |
| <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Library/Media Center  | <input type="checkbox"/> Sports            |
| <input type="checkbox"/> Clinic          | <input type="checkbox"/> PTA/PTO               | <input type="checkbox"/> Work at home      |
|  | <input type="checkbox"/> School Advisory Board | <input type="checkbox"/> Other _____       |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If you are volunteering to coach, please see school's Head Coach for **ACAF** form.

I am available:  M  T  W  TH  F Times: \_\_\_\_\_ Grade Level(s) of interest: \_\_\_\_\_

Name(s) of child(ren) attending this school, if any: \_\_\_\_\_

Relationship to child(ren):  Parent  Step-Parent  Legal Guardian  Grandparent  Other: \_\_\_\_\_

Teacher(s)/Grade(s): \_\_\_\_\_

**Confidentiality of Student Records**

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

- |   |   |  |
|---|---|--|
| • Completed academic work   | • Interest inventory reports                        | • Counselor ratings/observations                         |
| • Grades  | • Health data                                       | • Discipline reports or information                      |
| • Standardized test scores, including academic, intelligence, aptitude, and psychological tests | • Student identifying data (social security number) | • Verified reports of serious recurrent behavior pattern |
| • Attendance records  | • Teacher ratings and observations                  | • 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

SIGN HERE

**Volunteer Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE CONTINUE TO PAGE 2 AND COMPLETE THE BACKGROUND SCREENING SECTION

## APPLICATION TO VOLUNTEER

### BACKGROUND SCREENING

Please note that the information on this side of the volunteer application is **not** Public Record.

All volunteer candidates with Marion County Public Schools (MCPS) 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 those written instructions would need to be provided to MCPS. 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 (2017). 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 and military court proceedings must be disclosed. *Note: DUI and reckless driving are criminal offenses.*

**YOU ARE REQUIRED TO DISCLOSE this information even if you have been told differently by a Law Enforcement Official. 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 nolo 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? (DUI and DUI convictions must be reported).

YES  NO Are there currently any criminal charges pending against you?

YES  NO Are you currently in a pre-trial 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 Marion 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 MCPS.*

SIGN HERE

**Volunteer Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### OFFICIAL USE ONLY

\_\_\_\_\_ Volunteer Coordinator has checked <http://www.nsopw.gov/> (Volunteer Coordinator MUST initial on line)

Interview/Orientation Date: \_\_\_\_\_ Placement (Area/Teacher): \_\_\_\_\_

**Volunteer Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_