

PINELLAS COUNTY SCHOOLS
VOLUNTEER REGISTRATION FORM

All school volunteers must complete this registration form to volunteer in PINELLAS COUNTY SCHOOLS. Please **PRINT** legibly and complete the entire form, both front and back. For your safety, and that of our students, a **BACKGROUND CHECK** will be completed on all volunteers. A complete registration form with an original signature and a copy of your legal photo ID, must be kept on file. **PLEASE ATTACH A COPY OF YOUR LEGAL PHOTO ID.**

LEGAL NAME as it appears on your photo ID	_____			
	LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN / OTHER

SOCIAL SECURITY NUMBER						GENDER		DATE OF BIRTH					
						<input type="checkbox"/> Male	<input type="checkbox"/> Female						
								MONTH	MONTH	DAY	DAY	YEAR	YEAR

RACE			
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> White
<input type="checkbox"/> Black	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Other:	_____

Home Address: _____
STREET APT# CITY STATE ZIP

Home phone: _____ Work Phone: _____

E-mail Address: _____ Alternate Phone: _____

Business/Organization: _____

School Name: _____

Other schools where I have volunteered (& when): _____

Have you ever attended our mentor training class? No Yes When? _____

Are you currently a student in a Pinellas County School? No Yes Where? _____

Are you currently an employee in Pinellas County Schools? No Yes Where? _____

Emergency Contact: _____ Phone: _____

Days & Times Available to Volunteer: _____

Do you have a child/children attending this School?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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CHILD'S FULL NAME	TEACHER	GRADE	CHILD'S FULL NAME	TEACHER	GRADE
_____	_____	_____	_____	_____	_____
CHILD'S FULL NAME	TEACHER	GRADE	CHILD'S FULL NAME	TEACHER	GRADE
_____	_____	_____	_____	_____	_____

I am interested in the following placements:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Exceptional Education | <input type="checkbox"/> PTA/SAC | <input type="checkbox"/> Clerical/Office |
| <input type="checkbox"/> Mentor | <input type="checkbox"/> Media Center | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Booster: _____ |
| <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Special Events | <input type="checkbox"/> Other: _____ |

Career/Volunteer Experience/Talents/Languages/Skills/Hobbies



VOLUNTEER ELIGIBILITY GUIDELINES

NOT ACCEPTABLE TO VOLUNTEER WHEN CONVICTED OF:

Felony crimes of violence, felony sale of controlled substances, felony sexual related crimes, lewd and lascivious crimes, indecent exposure, crimes and felony child abuse crimes.

IF APPLICABLE, DO NOT COMPLETE OR PROCESS THIS FORM.

VOLUNTEER STATUS CANNOT BE APPROVED.

NOT ACCEPTABLE TO VOLUNTEER IF CONVICTION WAS WITHIN THE LAST 10 YEARS:

Other felony crimes and any other misdemeanor crimes of sexual nature, or misdemeanor crimes related to children.

WILL CONSIDER AND CAREFULLY REVIEW IF CONVICTION WAS BEYOND 10 YEARS.

NOT ACCEPTABLE TO VOLUNTEER IF CONVICTION WAS WITHIN THE LAST 5 YEARS:

Misdemeanor drug crimes, misdemeanor crimes of violence, misdemeanor crimes involving weapons.

WILL CONSIDER AND CAREFULLY REVIEW IF CONVICTION WAS BEYOND 5 YEARS.

REFER TO COMMUNITY INVOLVEMENT FOR APPROVAL:

- Other misdemeanors
- Multiple arrests
- Offenses which are directly related to duties and responsibilities of the particular assignment

For the purposes of these volunteer guidelines, criminal convictions mean a conviction by a jury or by a Court and shall also include the forfeiture of any bail, bond or other security deposited to secure appearance by a person charged with having committed a felony or misdemeanor, the payment of a fine, a plea of nolo contendere, the imposition of a deferred or suspended sentence by the Court, adjudication withheld, a finding of guilt, a plea of no contest or pre-trial intervention.

PLEASE COMPLETE AND SIGN BELOW

Falsification or Omission on this official public document is a criminal offense and can be prosecuted.

Have you ever been ARRESTED, or CHARGED with a criminal felony or misdemeanor? No Yes

If Yes → Have you completed a Volunteer Criminal Offense Review form in the past two years?

- No You must complete a Volunteer Criminal Offense Review form.
 Yes When? _____

↓ Have you been arrested or charged with a criminal offense since you last filled out a Volunteer Criminal Offense Review form?

- No
 Yes You must complete a Volunteer Criminal Offense Review form.

Do you agree to maintain CONFIDENTIALITY of student's information? No Yes

By signing below, I agree to the rules and regulations of the volunteer program and that any product produced while a volunteer shall be the property of the School Board (a work for hire). I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or a school-sponsored activity. My signature below certifies that I have reviewed the criminal offense statement and responded truthfully. FALSIFICATION OR OMISSION ON AN OFFICIAL PUBLIC DOCUMENT IS A CRIMINAL OFFENSE AND CAN BE PROSECUTED, AND MAY CONSTITUTE GROUNDS FOR DISQUALIFICATION FROM BEING A VOLUNTEER.

X

VOLUNTEER SIGNATURE

DATE

FOR SCHOOL USE ONLY

Name and date of birth verified by: _____ Copy of legal photo ID attached
NAME

Volunteer interviewed by: _____ FDLE check completed by _____
NAME NAME

Volunteer placement: _____

School Name: _____ Staff Supervisor: _____

Notes/Comments: _____