

# Duval County Public Schools

# Volunteer Application

Please complete this application only if you do not have a valid Volunteer Identification Card within the past two years. Volunteer Cards are good for two years from the date on the card. Completed applications may be returned to the school or directly to the Community and Family Engagement Office at the address below. The School Volunteer Information sheet should be sent to the school only. Original signed applications are required. Please do not fax the applications.

## Basic Information—*Please Print*

Unreadable applications will not be processed.

\*Required Information Please print in black or blue ink.

\* Ms. Mrs. Mr. Dr. \_\_\_\_\_  
First Middle Initial Last

\* Former/Maiden Name(s): \_\_\_\_\_

\* Complete Street Address: \_\_\_\_\_  
Street City State ZIP

\* Phone (home): \_\_\_\_\_ \* (work): \_\_\_\_\_ (mobile): \_\_\_\_\_

\* Age:  18-20 years  21-61 years  62 years & over \* Gender:  Male  Female

• E-mail address: \_\_\_\_\_

\* List the name of the school or schools you would like to volunteer \_\_\_\_\_

\*Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \* Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Note: In accordance with Florida Statute 119.071(5), Collection of Social Security Numbers, DCPS is required to notify you in writing the purpose for collecting your social security number. Social Security Numbers are imperative for the performance of DCPS's complete background screening process for volunteers who wish to volunteer in Duval County Public Schools and will not be used for any other purpose.*

## Criminal Background

\* Have you ever been arrested or issued a notice to appear in court for any alleged criminal infraction?  Yes  No

If yes, what was the alleged crime and the eventual outcome of your case? \_\_\_\_\_

By signing below, I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand the information provided on this form will be used to conduct criminal background screening. Any falsification on this application may result in disciplinary action by school administration including termination of the volunteer relationship.

\_\_\_\_\_  
\* Volunteer's Signature

\_\_\_\_\_  
\* Date

### Mail to:

Duval County Public Schools—Community and Family Engagement Office  
1701 Prudential Drive, Room 606, Jacksonville, FL 32207

*We love our volunteers!*

#### Office Use Only

Listed  Registered (F'printed)  Cleared  Rejected Processed \_\_\_\_\_ / \_\_\_\_\_ By: \_\_\_\_\_

REV. 4/09

Notes: \_\_\_\_\_

2009 - 2010

**Enterprise Learning Academy**

# School Volunteer Information

(This form gets turned in for the school to keep; the other form goes to the district office for screening and is kept there for confidentiality reasons.)

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Age:  18-20 years  21-61 years  62 years & over \* Gender:  Male  Female

Do you have children who attend/will be attending our school?  Yes  No

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher (if known): \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher (if known): \_\_\_\_\_

## Availability/Interests

I would like to volunteer:  once a month  once a week  more than once/week  for special events/as needed

I would like to volunteer:  Weekday Mornings  Weekday Afternoons  Evenings  Weekends

I would like to volunteer as a: *Mark all that interest you; those with an asterisk (\*) may require fingerprinting*

classroom assistant  office assistant  guest speaker  special events planner/helper  tutor\*

field trip chaperone\*  mentor\*  other \_\_\_\_\_

## Health Information

Who should we contact in case of emergency?

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone: \_\_\_\_\_  
home work mobile

Do you have any injuries, illnesses, or physical limitations we should be aware of? If yes, please describe.

Are you taking any medication we should be aware of in the event of emergency?

Do you currently have any contagious or infectious diseases?  Yes  No

*If yes, you must provide a doctor's statement verifying that you can work with the public.*

Have you been exposed to TB? If yes, explain: \_\_\_\_\_

**Please return volunteer forms to:**

\_\_\_\_\_ Mrs. Betty Page, Enterprise Learning Academy Office \_\_\_\_\_

**Enterprise Learning Academy**