

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 (the expiration date is 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 is 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. 8/10

Notes: _____

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: _____

Address: _____

Day Phone: _____ Evening Phone: _____

- I have a valid DCPS Volunteer ID (PLEASE ATTACH A COPY)
- I submitted the online Volunteer Application (@ www.duvalschools.org) on _____ (date)
- I submitted a completed hard copy of the Volunteer Application to DCPS on _____ (date)

Age: 18-20 years 21-61 years 62 years & over * Gender: Male Female Birth Date: _____

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 (*) requires 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:
School Volunteer Coordinator