



Volunteer Site _____ # _____

Name Miss _____
Mrs. _____
Mr. _____

Last First Middle

Address Street City State Zip Code

- ## -

Phone# last 4 digits SS# DOB Gender

Email address: _____

Childs Name: _____ Teacher _____

Emergency Contact: Name _____ Phone _____

References: Please list two persons whom you have known for at least two years.

Name _____ Phone _____

Name _____ Phone _____

Please check as many items in each group as you wish

- Do you prefer working with:**
 - Individual Children
 - Small Groups
- Type of volunteer service preferred:**
 - Volunteer Coach Assistant
 - Mentor / Tutor
 - Field Trip Chaperone
 - School Advisory Council
 - Art / Drama / Music
 - Classroom Assistant
 - Teacher Assistant
 - Media / Library
 - Special Education
 - Guest Speaker
 - Foreign Language
 - PTO
 - Clinic
 - Clerical
- Do you speak a second language? If yes, what?** _____
- Do you have an area of expertise, hobby, talent or skill etc. which you would like to share with the students of St. Lucie County Public Schools upon teacher request? If so, please explain below...**

- For the safety and protection of our students, please answer the following:**
 - a. Are criminal charges other than minor traffic violations currently pending against you? Yes / No
 - b. Have you ever been convicted and/or found guilty of a criminal offense? Yes / No
 - c. Have you ever entered a plea of "guilty" in a court of law to any criminal offense? Yes / No
 - d. Have you ever pled "no contest" in a criminal proceeding? Yes / No
 - e. Have you ever had adjudication withheld in a criminal proceeding? Yes / No
 - f. Have you ever failed to appear in court thereby forfeited bond in a criminal proceeding? Yes / No
 - g. Are you currently serving probation, parole or community service as part of a court order? Yes / No

If you checked "YES" to any question from "a" through "g" you MUST list each and ALL charges or offenses separately. Include dates, city, state and other locations where the offense(s) occurred. Also include an explanation of each charge or offense in your own words including the final outcome. Use additional paper if needed. Please attach to this form, copies of final court disposition and any other official documentation supporting your explanation.

Failure to disclose arrest information will disqualify you.

It is the policy of the St. Lucie County Public School Board to conduct criminal background checks for persons who participate with student activities.

I certify the above entries are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form may result in immediate dismissal from the volunteer program.

Signature _____ Date _____

Office use only: *This volunteer application has been Cleared.* _____ *Forwarded for Clearance* _____

School Site Coordinator: _____ Site _____ Date Cleared _____

Orientation Date: _____ District Coordinator _____ Date _____

Signature