



**2018-2019 GULF BREEZE HIGH SCHOOL VOLUNTEER APPLICATION
SANTA ROSA COUNTY SCHOOL DISTRICT**



Any person wishing to work as a school volunteer **MUST** complete the following application and authorize a Security back-ground check. **EACH** year for **EACH** school. All volunteers **MUST** be approved by the Santa Rosa County School Board. It is strongly recommended that every parent fill out a form for any possible upcoming event.

APPLICANT'S NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

HEALTH: (Any physical limitations) _____

ONE REFERENCE WHO IS NOT A RELATIVE:

NAME _____

ADDRESS: _____

PHONE: _____

CHILDREN ATTENDING GULF BREEZE HIGH SCHOOL

NAME: _____ GRADE: ____ NAME: _____ GRADE: ____

NAME: _____ GRADE: ____ NAME: _____ GRADE: ____

PLEASE CHECK ALL AREAS IN WHICH YOU WOULD LIKE TO HELP:

- OUTSIDE SCHOOL ORGANIZATION TEACHER LUNCHEONS PTSO
- SCIENCE OLYMPIAD PROJECT GRAD COLLEGE FAIR
- CLASSROOM ACITIVITIES BAND/COLORGUARD OTHER: _____

SPORTS: GIRLS

SPORTS: BOYS

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> BASEBALL | <input type="checkbox"/> SOCCER |
| <input type="checkbox"/> CHEERLEADING | <input type="checkbox"/> SWIMMING | <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> SWIMMING |
| <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> TENNIS | <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> TENNIS |
| <input type="checkbox"/> DANCE TEAM | <input type="checkbox"/> TRACK | <input type="checkbox"/> FOOTBALL | <input type="checkbox"/> TRACK |
| <input type="checkbox"/> GOLF | <input type="checkbox"/> VOLLEYBALL | <input type="checkbox"/> GOLF | <input type="checkbox"/> WEIGHTLIFTING |
| <input type="checkbox"/> LACROSSE | <input type="checkbox"/> WEIGHTLIFTING | <input type="checkbox"/> LACROSSE | <input type="checkbox"/> WRESTLING |
| <input type="checkbox"/> SOCCER | | | |

I understand that I am offering my services to the Santa Rosa County School System without compensation and without any rights to health benefits in case of illness or injury.

If you are approved to volunteer then it is not necessary to complete a Field Trip form.

APPLICANT'S SIGNATURE: _____

Date: _____



SANTA ROSA COUNTY SCHOOL BOARD SECURITY BACKGROUND CHECK



THIS FORM MUST BE TURNED IN WITH YOUR APPLICATION

Name: _____ Driver's License #: _____

Address: _____ Phone: (Home) _____ (Work) _____

Email: _____ DOB: _____ (Cell) _____

The following questions must be answered truthfully. A "yes" answer will not necessarily disqualify you from consideration. However, Santa Rosa County School Board reserves the right to request that you be fingerprinted at your own expense prior to your approval to volunteer.

- Yes [] No [] 1. Have you ever been convicted of an offense other than a minor traffic violation? (DUI and DWI convictions are not minor and must be reported.)
Yes [] No [] 2. Have you ever been found guilty of a criminal offense?
Yes [] No [] 3. Have you ever entered a nolo contendere or no contest plea?
Yes [] No [] 4. Have you ever had adjudication withheld in a criminal offense?
Yes [] No [] 5. Have you ever entered a pre-trial intervention program for a misdemeanor or felony charge?
Yes [] No [] 6. Are there criminal charges currently pending against you?
Yes [] No [] 7. Have you ever been placed on court-ordered probation, imprisoned, or jailed in a criminal proceeding?
Yes [] No [] 8. Have you ever failed to appear in court or forfeited bond in a criminal proceeding?
Yes [] No [] 9. Have you ever been confirmed as a child abuser by the Department of Children and Families or a similar agency in Florida or another state?

If you answered "yes" to any of the questions above, you must give a detailed explanation in the following space or on another page if extra space is needed:

ARREST

Where Arrested: _____
Arresting Agency: _____
Date of Arrest: _____
Offense: _____

By signing this document, I certify that all information contained herein is true and accurate. My signature further certifies that there is no falsification of any information, omission of any information requested, or any misrepresentation of information requested. I also understand that the Santa Rosa County School Board reserves the right to request that I be fingerprinted at my own expense prior to participation as a volunteer.

By my signature, I certify that I know, understand, and agree that any false statement or omission of information requested will result in my name being removed from the approved volunteer list of the Santa Rosa County School Board.

Application Signature _____ Date _____

For School Use Only

Sexual Predator Screening Completed YES [] NO []

Signature of Person Completing Screening _____ Date _____