

Address _____ Phone _____

SANTA ROSA COUNTY SCHOOL BOARD SECURITY BACKGROUND CHECK

THIS FORM MUST BE TURNED IN WITH YOUR VOLUNTEER 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 as a 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 won 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.

Signature of Applicant

Date

For Office Use Only: