

**Santa Rosa County District Schools**

**Volunteer Application**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Category Retired College Student Middle/High Student Military Parent Other\_\_\_\_\_

Health (any physical limitations) \_\_\_\_\_

**Name of School(s) or Department / Type of Volunteer work Interested in Performing**

School or Department Name	Student(s)	Days / Hours Available

Have you had any change of name in the past or used an assumed name?  No  Yes

If yes, please list other names and time frames \_\_\_\_\_

**Volunteer Acknowledgement**

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.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Parent Permission** – *If the volunteer applicant is under the age of 18, a parent or legal guardian must sign.*

I, \_\_\_\_\_ (parent or legal guardian), grant permission for \_\_\_\_\_ to volunteer for Santa Rosa County District Schools.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Santa Rosa County District Schools**

**Volunteer Application - Security Background Check**

THIS FORM MUST BE SUBMITTED WITH YOUR APPLICATION

Name \_\_\_\_\_ Driver's License Number \_\_\_\_\_

The following questions must be answered truthfully. A "YES" answer will not necessarily disqualify you from consideration. However, the Santa Rosa County District School Board reserves the right to request that you complete the fingerprinting process.

**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.)
- 2. Have you ever been found guilty of a criminal offense?
- 3. Have you ever entered a nolo contendere or no contest plea?
- 4. Have you ever had a criminal record sealed?
- 5. Have you ever had a criminal record expunged?
- 6. Have you ever had adjudication withheld in a criminal offense?
- 7. Have you ever entered a pre-trial intervention program for a misdemeanor or felony charge?
- 8. Are there criminal charges currently pending against you?
- 9. Have you ever been placed on court-ordered probation, imprisoned or jailed in a criminal proceeding?
- 10. Have you ever failed to appear in court or forfeited bond in a criminal proceeding?
- 11. Have you ever been confirmed as a child abuser by HRS or a similar agency in Florida or another state?
- 12. Have you ever been suspended without pay, or dismissed from employment or resigned while an Investigation was in progress for possible disciplinary action?

If you answered "YES" to question 1, 11, or 12, you must give a detailed explanation below:

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**Santa Rosa County District Schools**

**Volunteer Application - Security Background Check**

THIS FORM MUST BE SUBMITTED WITH YOUR APPLICATION

Date	Arresting Agency	Where Arrested	Offense	Final Disposition

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 my fingerprints may be submitted to the Florida Department of Law Enforcement and the Federal Bureau of Investigation for a complete criminal history background check at the request of the Santa Rosa County District School Board. 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 District School Board.

Signature of Volunteer Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Santa Rosa County District Schools**

**Volunteer Applicant Statement**

THIS FORM MUST BE SUBMITTED WITH YOUR APPLICATION

I understand that all information provided to Santa Rosa County will become a matter of public record and will be open to inspection as required by Florida Statute.

I certify that the foregoing answers are true and correct to the best of my knowledge. I authorize the investigation of all statements contained in this application and hereby give Santa Rosa County permission to contact schools, previous employers, references, and other and hereby release the organization from any liability as a result of such contact. I understand that any false or misleading information or omission of facts requested in this application may remove me from further consideration as a volunteer for Santa Rosa District Schools.

I understand that my volunteer service with Santa Rosa District Schools is for no specific length of time but is based on the needs of the school district and my willingness to devote my time and skills to support it.

The contents of the volunteer policies as well as other Santa Rosa District Schools policies and procedures are subject to change. It is my responsibility to read, understand and follow such policies.

Santa Rosa District Schools requires all volunteer applicants to undergo a criminal background screening and Florida driver license verification prior to working in our school district, and my signature authorizes such screenings. I also authorize Santa Rosa District Schools to review and make decisions based on any content found on any and all internet and social media sites.

Printed Name of Volunteer Applicant \_\_\_\_\_

Signature of Volunteer Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Santa Rosa County District Schools**

**Volunteer Applicant Expectation**

THIS FORM MUST BE SUBMITTED WITH YOUR APPLICATION

As a Santa Rosa County District Schools Volunteer:

1. I shall hold absolutely confidential all information that I may obtain directly or indirectly while serving as a Santa Rosa County volunteer.
2. I shall read and comply with the policies set forth in the Administrative Code.
3. I will donate my services to Santa Rosa County without contemplation of compensation or future employment and give my service for humanitarian and charitable purposes.
4. I shall not sell or attempt to sell goods or services, request contributions or solicit person to sign or distribute political petitions on Santa Rosa Schools premises.
5. I will be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and will endeavor to maintain a professional appearance and deliver quality services.
6. I will attempt to resolve any problems related to my volunteer activities with my supervisor and, if unsuccessful, attempt to resolve any such problems with school or district administration.
7. I will uphold the professional conduct and standard of Santa Rosa County at all times while interacting with students, parents, and school district personnel.
8. I understand Santa Rosa District Schools may release me as a volunteer at any time.
9. I understand that Santa Rosa District Schools assumes no responsibility for any contact, visits or services provided by me that are beyond the scope of responsibilities defined by my specific volunteer assignment.

I have read and understand the Volunteer Expectations as stated above and agree to adhere to them while serving as a volunteer for Santa Rosa District Schools.

Printed Name of Volunteer Applicant \_\_\_\_\_

Signature of Volunteer Applicant \_\_\_\_\_ Date \_\_\_\_\_

*If the volunteer applicant is under the age of 18, a parent or legal guardian must sign.*

Printed Name of Parent/Legal Guardian \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**GULF BREEZE HIGH SCHOOL**  
**SEXUAL OFFENDER & PREDATOR SCREENING**

Name: \_\_\_\_\_

***For School Use Only***

Sexual Predator Screening Completed

YES

NO

\_\_\_\_\_  
Signature of Person Completing Screening

\_\_\_\_\_  
Date