



Application to Volunteer **Marion County Public Schools** 420 SE Alvarez Avenue • Ocala, Florida 34471

OFFICIAL USE ONLY

Additional Screening:

Disposition:

☐ Approved ☐ Disapproved

Conditions: _____

Signature: _____

Thank you for applying to volunteer! Please complete this application accurately and entirely. Be aware that a check of the *Dru Sjodin National Sexual Offender Public Website* will be performed to ensure the safety of our students. You may submit this application to the school or department of your choice and must complete a new one each year. We appreciate you offering your time, talents, and skills to enhance the education of our students.

Please Print/Type School or Department: _____ Volunteer Coordinator: _____

Date of Birth: _____ ☐ Male ☐ Female I have volunteered for _____ years. Other Languages Spoken: _____
Month/Day/Year

Name: _____
Last First M.I. Maiden Name/Other Last Names

Mailing Address: _____
Street City State Zip Code

Phone: (____) _____ (____) _____ Email _____ MCSB Employee: ☐ Yes ☐ No
Primary Secondary

Ethnicity (Required to check Sexual offender/predator website.) ☐ White, Non-Hispanic ☐ Black, Non-Hispanic ☐ Hispanic
☐ Multiracial ☐ Asian/ Pacific Islander ☐ Native American/ Native Alaskan ☐ Other

Driver's License*: _____ or Passport/Visa ID/ FL ID*: _____
State Number Expiration Date Number

Emergency Contact: _____ (____) _____
Name Relationship Primary Number

**Applicant MUST attach a photocopy of his or her Driver's License or State Photo ID.*

I am interested in the following volunteer placements:

- | | | |
|--|--|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Field Trips | <input type="checkbox"/> School Committees |
| <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Library Media Center | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> PTA/PTO | <input type="checkbox"/> Work at Home |
| | <input type="checkbox"/> School Advisory Board | <input type="checkbox"/> Other: _____ |

* If you are volunteering to coach, please see school's Head Coach for ACAF forms.

I am available: M ☐ T ☐ W ☐ TH ☐ F ☐ Times: _____ Grade Level(s) of interest: _____

Name(s) of child(ren) attending this school, if any: _____

Relationship to child(ren): ☐ Parent ☐ Step-parent ☐ Legal Guardian ☐ Grandparent ☐ Other: _____

Teacher(s)/Grades(s): _____

List career/volunteer experiences, talents, skills, hobbies or activities of interest: _____

Confidentiality of Student Records

The following portions of a student's record are confidential pursuant to Florida Statute 1002.22:

- | | | |
|---|---|---|
| • Completed academic work | • Interest inventory reports | • Counselor ratings/observations |
| • Grades | • Health data | • Discipline reports or information |
| • Standardized test scores, including academic, intelligence, aptitude, and psychological tests | • Student identifying data (social security number) | • Verified reports of serious or recurrent behavior pattern |
| • Attendance records | • Teacher ratings and observations | • Family background information |

Volunteers must comply with Florida Statute requirements in regard to a child's privacy rights. The above items and anything else dealing with personal information about the student, are not to be discussed with anyone other than the teacher, with whom the volunteer works, the counselor at the school, or the principal. Failure to respect these privacy rights has legal consequences. Florida Statute also specifies that parents of a child whose privacy rights are not respected have a right to court action to enforce the violated right by injunction.

I HAVE READ THE ABOVE AND WILL AGREE TO COMPLY WITH THESE STATUTES.

→ **VOLUNTEER APPLICANT SIGNATURE:** _____ **DATE:** _____

Please Complete the Screening Portion on Page 2. →

BACKGROUND SCREENING

Please note that the information on this side of the volunteer application is **not** Public Record.

All volunteer candidates with Marion County Public Schools (MCPS) are subject to a criminal history check. In Florida, the entire arrest record is revealed to school districts, including sealed and/or expunged records and military court proceedings. Applicants must disclose this information even if told differently by a lawyer, judge, or other law enforcement individual. If you were given this information by a judge then those written instructions would need to be provided to MCPS. Information that must be disclosed below includes any offense that occurred whether as a juvenile or adult. Eligibility to volunteer will be determined in accordance with Florida Statute 435.04 and 943.04351 (2015). Prior criminal records may or may not result in disqualification for volunteering however failure to disclose criminal history will result in disqualification.

An applicant's criminal history includes any offense for which the applicant posted bail; entered a pre-trial diversion program, pre-trial intervention program, teen or drug court or juvenile program; had adjudication withheld; was convicted or found guilty; was placed on probation; pled guilty or no contest; was jailed or imprisoned; or appeared in court as a juvenile or adult. Sealed records, expunged records and military court proceedings must be disclosed. *Note: DUI and reckless driving are criminal offenses.*

YOU ARE REQUIRED TO DISCLOSE this information even if you have been told differently by a Law Enforcement Official. All criminal histories must be provided regardless of the number of years since the arrest.

Social Security Number: _____ Place of Birth (City/State/Country): _____

- ☐ Yes ☐ No Have you ever been convicted of, had adjudication withheld in, pled nolo contendere (no contest) to, completed a pre-trial intervention program or been found guilty (as a juvenile and/or an adult) of a felony offense? (DUI and DUI convictions must be reported)
- ☐ Yes ☐ No Have you ever been convicted of, had adjudication withheld in, pled nolo contendere (no contest) to, completed a pre-trial intervention program or been found guilty (as a juvenile and/or an adult) of a misdemeanor offense? (DUI and DUI convictions must be reported)
- ☐ Yes ☐ No Are there currently any criminal charges pending against you?
- ☐ Yes ☐ No Are you currently in a pretrial diversion/intervention program or currently serving parole or probation?

If you answered "yes" to any of the questions above, please provide details below. Attach separate sheet if needed.

Date mm/yyyy)	County, State, Country	Nature of Charge	Level of Offense	Disposition

I hereby consent to the release of my adult and/or juvenile delinquency records (if any) to the School Board of Marion County, Florida and further agree that if any misrepresentation has been made by me, any offer of volunteer service may be withdrawn or my volunteer service terminated immediately without any obligation or liability to me. I also consent that I have reviewed all information provided and all is true and correct to the best of my knowledge. *NOTE: If you are considered eligible for volunteering under the above guidelines, this eligibility does not guarantee volunteer placement /or employment with MCPS.*

VOLUNTEER APPLICANT SIGNATURE: _____ **DATE:** _____

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_____ Volunteer Coordinator has checked <http://www.nsopw.gov/> & <http://www.myfloridateacher.com/discipline/summary.aspx> (Volunteer Coordinator **MUST** initial on line.) **MANDATORY!**

Interview/Orientation Date: _____ Placement (Area/Teacher): _____

VOLUNTEER COORDINATOR SIGNATURE: _____ **DATE:** _____

PRINCIPAL SIGNATURE: _____ **DATE:** _____