



VOLUNTEER/MENTOR APPLICATION

Levy County School Board

Volunteer/Mentor Application

School Volunteer Program-480 Marshburn Drive-Bronson, FL 32621

352-486-5231 352-486-5249 (Fax)

We are delighted to process your application to volunteer with the Levy County School Board.

Please complete this application accurately and completely. You may submit this application to the school of your choice or to the district office at the address above for processing. You must fill out a new application each school year. Thank you for offering your time, talents and skills to enhance the education of our students.

YEAR: _____		SCHOOL : _____	
PLEASE PRINT OR TYPE: Driver's License Number: _____ Exp. Date: _____			
Ms./Mrs./Mr./Dr. _____			
First	Middle Initial	Last	
Former/Maiden Name(s): _____			
Child(rens) Name(s)/Grades/ Teacher: _____			

Street Address: _____			
Mailing Address (if different): _____			
Phone (Home) _____ (cell) _____ (other) _____			
Gender: _____ Male _____ Female Age: _____ 18-20 years _____ 21-61 years _____ 62 years & over			
Email address: _____			
Emergency Contact Person : _____ Relationship: _____ Phone: _____			
VOLUNTEER WORK PREFERENCE: (Please check your greatest interest):			
<input type="checkbox"/> Classroom	<input type="checkbox"/> Chaperone Field Trip	<input type="checkbox"/> Library/Media Center	<input type="checkbox"/> Office <input type="checkbox"/> PTO/SAC
 <input type="checkbox"/> Mentoring <input type="checkbox"/> Work from Home			

I understand that I am offering my services to the Levy County School Board without compensation. This registration is subject to a Florida Department of Law Enforcement check. I agree to abide by the policies and procedures of the School Board of Levy County and the individual school I serve. I understand the school system has the right not to place me or to discontinue the use of my services as a volunteer. Please note that some of the information on this form may be subject to Florida's Public Records Act pursuant to Chapter 119FS. In addition, I hereby acknowledge that I have received information regarding the Workman's Compensation Managed Care Program. I also acknowledge that a criminal background check will be performed.

Signature

Date

PLEASE COMPLETE THE SCREENING PORTION ON PAGE 2.

School Board of Levy County Employees stop here

SCREENING

As part of your volunteer record, a criminal history check will be conducted. A prior criminal record may or may not result in your disqualification for volunteering, **but a failure to disclose your record WILL INVALIDATE this application. You must list all adult and juvenile misdemeanors, felonies or other criminal offenses other than non-criminal traffic violations** (DUI and reckless driving are criminal offenses.)

For the safety and protection of our students, please answer the following:

Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), entered into a deferred prosecution or pre-trial intervention agreement, or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is not a minor traffic violation.) Are there any criminal charges now pending against you? Sealed or expunged records must be reported pursuant to S.943.0585 F.S.

⇒ PLEASE CHECK ONE: ☐ YES ☐ NO A "NO" check means "NO" to every statement above.

Where Arrested: _____ Date(s): _____

Nature of Charges: _____

Disposition: _____

If YES, Principal approval will be required ☐ Approved ☐ Not Approved, Principal _____

Raptor system or FDLE Sexual Predator website checked by: _____

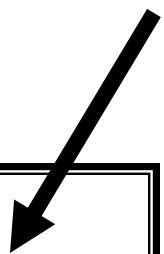
(http://www3.fdle.state.fl.us/sexual_predators/) _____

(date)

APPROVED _____ NOT APPROVED _____

Principal or Designee _____

To be retained in school office



Please bring driver's license or
Florida ID
in for copying