



Hillsborough County Public Schools
2013 – 2014 Volunteer Application
Please complete application fully, and return to:
The school where you will be volunteering

SOP \_\_\_ Date \_\_\_ Initial \_\_\_
HCSO \_\_\_ Date \_\_\_ Initial \_\_\_
DOC \_\_\_ Date \_\_\_ Initial \_\_\_

LEGAL Name Last First Middle Name (Not initial) Maiden Name

Home Address Number and Street City State Zip How long?

Previous address if less than 5 years

Name & Address of Employer How long? Occupation

Home Telephone Business Fax

Cell Phone E-mail Address

Date of Birth (required) Do you have a student in Hillsborough County schools? Yes No

School(s)

Student's Name(s)

Grade(s) Teacher(s)

Are you a student? Yes No School

Gender

- Female
Male

Ethnic Origin (Optional)

- African American
Hispanic
Caucasian White
Asian/Pacific Islander
American Indian/Alaskan Native
Other

Volunteer Category

- Classroom Helper
Tutor
Mentor (Please complete page 2)
Chaperone/Day
Chaperone/Overnight (Fingerprinting required-additional fee)
Other

Marital Status

- Married
Single
Widowed
Separated
Divorced

School you prefer & grade level:

Highest Level of Education Completed:

Special skills, languages or hobbies:

I understand that I am offering my services to the Hillsborough County Public School System without compensation. I certify that all information given on this application is true and complete. Any misrepresentation, omission or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer. I agree, if I am a volunteer, to abide by all school board rules, regulations and policies, either published or in effect by usage and all rules, regulations and laws of the State of Florida as may be required by Florida Statutes and the School Board of Hillsborough County.

Have you ever been convicted, pled no contest, or had adjudication withheld in a criminal offense, felony, misdemeanor or are there any criminal charges now pending against you other than a minor traffic violation?

Yes No If Yes, Please provide a brief explanation on a separate sheet of paper.

Would you agree to an employer/criminal background check? Yes No

SIGNATURE OF VOLUNTEER APPLICANT: DATE

**Hillsborough County Schools Volunteer Application**

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LEGAL Name \_\_\_\_\_  
Last First Middle Name (Not initial) Maiden Name

Social Security Number \_\_\_\_\_

**References: Please list four persons who know you well and would be in a position to evaluate your qualifications and ability to be a mentor. Do not list relatives, significant others or those you have known less than two years. One of the references should have known you for at least five years and the others for at least two years. If you have been employed at your current place of employment for at least six months, list your supervisor as one of your references.**

1. \_\_\_\_\_  
Name Address  
( ) ( )  
Telephone: Home Work Fax Years known

2. \_\_\_\_\_  
Name Address  
( ) ( )  
Telephone: Home Work Fax Years known

3. \_\_\_\_\_  
Name Address  
( ) ( )  
Telephone: Home Work Fax Years known

4. \_\_\_\_\_  
Name Address  
( ) ( )  
Telephone: Home Work Fax Years known

**List previous work with youth or other volunteer activities:**

**Have you ever applied to become a mentor before? If yes, When? \_\_\_\_\_**  
**Where? \_\_\_\_\_ With whom? \_\_\_\_\_**

<p><b>FOR OFFICE USE ONLY:</b> _____ New Volunteer _____ Returning Volunteer</p> <p><b>Background Check:</b>    <input type="checkbox"/> N/A    <input type="checkbox"/> Record Found    <input type="checkbox"/> No Record</p> <p>                                  <input type="checkbox"/> Approved            <input type="checkbox"/> Denied</p> <p>School # _____ Name _____</p> <p>Interview by _____</p> <p>Was this a district office referral? Yes _____ No _____</p> <p>Volunteer placed? Yes _____ No _____ Date _____</p> <p>Training provided by: _____</p> <hr/> <p>Volunteer withdraw/Termination Date _____</p> <p>Reason: _____</p>
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